2017 YR 11 STUDY CAMP
Monday 6th February – Wednesday 8th February

VCE is going to be a significant and challenging 2 years for your child. We believe that the Gleneagles VCE Program is going to be rewarding, supportive and designed to get the best outcomes possible for all VCE students. Students will begin their Year 11 Course in 2016 during 2 weeks of Transition scheduled for Monday 21st November to Friday 2nd December. They will commence their studies, get important information regarding their SACs and be given holiday homework.

To ensure your child has the best chance of starting 2017 well and equipped with all the skills needed to succeed in VCE; we will be holding a Year 11 Study Camp at CYC Church Street, Cowes, Phillip Island from Monday 6th February to Wednesday 8th February and we expect all Year 11 students to attend.

Students in Year 11 are beginning a new phase in their education which demands a serious commitment to their studies. The aims of the Year 11 Camp include:

- Focussing attention on their VCE Year
- Assessment task planning
- Stress management
- Time management
- VCE requirements
- Timetables
- Key dates
- Study skill techniques

It is felt that these aims can be best achieved away from school and the classroom. Students benefit greatly from a good working relationship with each other and with staff. A number of Year 11 teachers will be present on Camp to assist with discussion groups, tutorials and coaching in their subject fields.

It is expected that all Year 11 students will attend all three days of this camp.
Dietary Requirements will be catered for and students will be sleeping in same-sex dormitory rooms of 6-8 persons.

If you have any questions or concerns regarding payment for the camp please do not hesitate to contact Matthew Neal (Senior School Leader) on PH 9708 1319.

The cost of the camp is $215. This covers the cost of transport, meals, penguin parade and accommodation. The Camp, Sports and Excursion Fund can be used to cover the cost of the camp, if families have qualified for this funding.

Deposit $50 Due: Friday 11th November
Final Payment Due: Wednesday 30th November

The consent form, medical form and dietary form are attached and should be returned with the deposit to the Bursar’s office no later than Friday 11th November.

Matthew Neal
Senior School Leader

Sue Peddlesden
Principal

Note: College Council has approved similar camps in the past and will finalise approval for this camp at its next meeting.
Year 11 Study Camp equipment list

Each student must bring the following items to camp:
- Bathers (if swimming)
- Towel
- Clothing, including apparel appropriate for physical activities
- Running shoes
- Pyjamas
- Toiletries
- Lunch for Monday
- Pencil case - pens, pencils and highlighters
- A small notebook
- Netbook
- Student planner
- Outfit for fancy dress party – “Op Shop” theme

Students are responsible for the care of their possessions. Gleneagles takes no responsibility for the loss or damage of personal belongings.
Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

**Excursion/program name:** 2017 YR11 STUDY CAMP  
**Date(s):** MON 6th FEB – WED 8th FEB

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<thead>
<tr>
<th>Student’s full name:</th>
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<tr>
<th>Student’s address:</th>
<th>Postcode:</th>
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<tr>
<th>Date of birth:</th>
<th>Year level:</th>
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<tr>
<th>Parent/guardian’s full name:</th>
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**Name of person to contact in an emergency (if different from the parent/guardian):**

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<tr>
<th>Emergency telephone numbers: After hours</th>
<th>Business hours</th>
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<th>Name of family doctor:</th>
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<tr>
<th>Address of family doctor:</th>
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<th>Medicare number:</th>
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<th>Medical/hospital insurance fund:</th>
<th>Member number:</th>
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<tr>
<th>Ambulance subscriber?</th>
<th>Yes</th>
<th>No</th>
<th>If yes, ambulance number:</th>
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Is this the first time your child has been away from home?  □ Yes  □ No

Please tick if your child suffers any of the following:

- □ Asthma (if ticked complete Asthma Management Plan)   □ Bed wetting
- □ Diabetes   □ Dizzy spells   □ Heart condition  □ Blackouts
- □ Sleepwalking   □ Travel sickness   □ Fits of any type   □ Migraine
- □ Other:__________________________________________

Swimming ability

*Please tick the distance your child can swim comfortably.*

- □ Cannot swim (0m)   □ Weak swimmer (<50m)   □ Fair swimmer (50-100m)
- □ Competent swimmer (100-200m)   □ Strong (200m+)
Allergies
Please tick if your child is allergic to any of the following:

☐ Penicillin
☐ Other Drugs: ________________________________

☐ Foods: ______________________________________

☐ Other allergies: ______________________________

What special care is recommended for these allergies? ____________________________________________

Year of last tetanus immunisation:
(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Medication
Is your child taking any medicine(s)? ☐ Yes ☐ No
If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent
Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

• Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
• Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above) _________________________________________________

Date: ________________________

The Department of Education and Early Childhood Development requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program starts.
POOL SWIMMING PERMISSION FORM

Whilst on the YR11 Study Camp students will have the opportunity during recreation time to swim in CYC The Island’s outdoor swimming pool. The pool is similar in nature to a residential pool; it is shallow at one end and deep at the other and is approximately 10m in length. All recreation pool swim sessions will be supervised by qualified staff. Clear safety expectations will be explained at the beginning of each session; any student who is identified as not following the safety instructions will be removed from the pool area.

Prior to participation in swimming it is necessary for Gleneagles staff to have knowledge of your child’s swimming and water safety abilities.

If your child wishes to be able to participate in recreational swimming please indicate on the table below their skills and knowledge with regard to swimming and water safety:

Student Name: ____________________________
Mentor Group: ____________________________

<table>
<thead>
<tr>
<th>Skill / Knowledge</th>
<th>Please indicate with a [✓] if your child is able to complete the skill / knowledge</th>
<th>Parent Signature</th>
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<tbody>
<tr>
<td>50m swim</td>
<td>YES</td>
<td>NO</td>
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<td></td>
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<tr>
<td>Sculling / floating / treading water for five minutes</td>
<td>YES</td>
<td>NO</td>
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I give permission for my son / daughter to participate in supervised recreational pool swimming whilst on the YR11 Study Camp at CYC The Island from Monday 6th Feb – Wednesday 8th Feb 2017.

Parent Signature: ____________________________ Date: ______________

**Students will not be permitted to participate in recreational pool swimming without signed parent consent

Matthew Neal
Senior School Leader

Sue Peddlesden
Principal
Catering for all individuals whilst on camp is a difficult task.

To assist the cook with catering correctly for your individual needs, **YOU MUST ACCURATELY COMPLETE THE TABLE BELOW** indicating your specific dietary requirements:

**STUDENT NAME:** ________________________________ **HG:** ________

<table>
<thead>
<tr>
<th>I CANNOT EAT... (please tick)</th>
<th>BECAUSE I AM... (please tick)</th>
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<tbody>
<tr>
<td>BEEF</td>
<td>Vegetarian</td>
</tr>
<tr>
<td>PORK</td>
<td>Vegan</td>
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<tr>
<td>CHICKEN</td>
<td>Religious</td>
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<tr>
<td>LAMB</td>
<td>Allergic</td>
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<tr>
<td>FISH / SEAFOOD</td>
<td>Other</td>
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<td>NUTS</td>
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<td>OTHER (please list below)</td>
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Student Signature: ________________________________ **Date:** __________

Parent / Guardian Signature: ____________________________ **Date:** __________
Parent Excursion Consent

Name of school: GLENEAGLES SECONDARY COLLEGE

Title of excursion: 2017 YR 11 STUDY CAMP

Educational purpose of the program: STUDY SKILLS, ORGANISATION AND GOAL SETTING

Details of supervising staff: MNE & SRE (PLUS MORE TO BE CONFIRMED IN 2017)

Costs: The cost of the camp is $215. This covers the cost of transport, meals, penguin parade and accommodation.

Deposit $50 Due Friday 11th November
Final Payment Due Wednesday 30th November

Name and contact details of the 24-hour school emergency contact: Matthew Neal – 0409 026 949

Departure details
Depart Gleneagles at 9:00am on Monday 6th February.
Travel via Coach to CYC Phillip Island, Church Street, Cowes, Phillip Island

Return details
Depart CYC Phillip Island at 1:30pm on Wednesday 8th February and return to Gleneagles at 3:00pm

Distance from expert medical care: CYC Phillip Island to Phillip Island Hospital – 1.5km

Accommodation arrangements: On site cabin accommodation

Travel arrangements: See above

Adventure activities to be undertaken or that may be offered to students throughout the program: NIL

Activities within this program present the potential for students to sustain physical injury. The following procedures will be implemented – along with other strategies – to manage the potential risks in the program. Swimming – students will be supervised by qualified staff to swim in an onsite pool. Initiative / team games – students will be supervised by staff during these games. First aid will be available in case of injury or incident. Appropriate safety instructions and guidelines will be provided prior to each activity.

A risk management plan for this program has been developed by staff and is available for parents to review on request.

Attachments
☐ Daily Itinerary
☐ Group equipment list (if relevant)
☐ Clothing list
☒ Medical form
☐ Further location descriptions (if applicable)
Student behaviour
'I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.'

ICT/Photograph consent
'I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their current school.' [Strike out if you do not consent]

'I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.' [Strike out if you do not consent]

Consent for emergency transportation
'In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.'

Student accident insurance
The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

Matthew Neal  
Organising Teacher

Sue Peedlesden  
College Principal

Parent consent

I have read all of the above information provided by the school in relation to the 2017 YR 11 STUDY CAMP, including any attached material.

I give permission for my daughter/son______________________________ (full name) to attend.

Parent/guardian: ________________________________ (full name)

______________________________ (signature) ____________ (date)

In case of emergency I can be contacted on:

______________________________ OR:

______________________________

Note: Parents should also complete the 'Confidential medical information for school council approved school excursions'.
Asthma care plan for education and care services

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Child's name

Date of birth

Managing an asthma attack
Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

☐ Cough
☐ Wheeze
☐ Difficulty breathing
☐ Other (please describe)

Frequency and severity

☐ Daily/most days
☐ Frequently (more than 5 x per year)
☐ Occasionally (less than 5 x per year)
☐ Other (please describe)

Known triggers for this child's asthma (eg exercise*, cold/flu, smoke) — please detail:

Does this child usually tell an adult if s/he is having trouble breathing? ☐ Yes ☐ No

Does this child need help to take asthma medication? ☐ Yes ☐ No

Does this child use a mask with a spacer? ☐ Yes ☐ No

*Does this child need a blue reliever puffer medication before exercise? ☐ Yes ☐ No

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour

Dose/number of puffs

Time required

Doctor

Name of doctor

Address

Phone

Signature Date

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature Date

Name

Emergency contact information

Contact name

Phone

Mobile

Email

asthmaaustralia.org.au | 1800 ASTHMA (1800 278 462) | facebook twitter