



ST ALOYSIUS

CATHOLIC COLLEGE

17th March 2017

Dear Parents/Guardians,

This year, all Grade 5 students will participate in an overnight excursion to Far South Wilderness Camp. Although the primary focus of the excursion is to provide opportunities for team building and spiritual growth, there are also opportunities planned for learning about local history, flora and fauna, geology and geography.

The three Grade 5 classes will participate in the camps on different days, as indicated below:

Grade 5H – departing on the morning of Tuesday, 4th April, and returning on the afternoon of Wednesday, 5th April.

Grade 5HD – departing on the morning of Wednesday, 5th April, and returning on the afternoon of Thursday 6th April.

Grade 5M – departing on the morning of Thursday, 6th April, and returning on the afternoon of Friday, 7th April.

The planned itinerary for each class is as follows:

Day 1

9.00 a.m. – Depart St Aloysius Huntingfield Campus.

11.00 a.m. – Arrive Far South Wilderness Camp. Settling in and activities at camp.

1.00 p.m. – Arrive at Duck Hole Lake Car park and participate in walk to Duck Hole Lake

3.00 p.m. – Arrive back at camp. Activities, afternoon tea and dinner at camp.

Day 2

9.00 a.m. – Breakfast then depart Far South Wilderness Camp.

10.00 a.m. – Hastings Caves Tour and boardwalk forest walk.

12.45 p.m. - Depart Hastings Caves

2.30 p.m. – Arrive at St. Aloysius Huntingfield Campus

The camp is catered, however, children **will** need to bring lunch and drink on the first day. They will also need to bring something to share for morning and afternoon teas. It would be greatly appreciated if you could avoid sending food in containers that need to be returned.

A checklist of the specific items that children will require for the excursions will be sent to you closer to our departure date.

Please complete the Parent/Caregiver Major Excursion Consent and Student Medical Information form and return it to your child's classroom teacher by **Monday, 20th March.**

Regards,

Mr Tim Harrington

Mrs Su Heyward
Ms Anne-Marie McWatters
Grade 5 teachers

Mr. Joe Sandric
Mr Brendan Gill
Co-Principals

Parent / Caregiver Major Excursion Consent and Student Medical Information Form

Details

School St Aloysius Catholic College

Excursion _____

Date from _____ **Date to** _____

I, _____ parent / guardian of _____

(name of parent or guardian) (strike-out inapplicable) (name of student)

give my:

1. Permission for my child named above to attend the excursion described above, which I understand has been approved by the Co Principals,
2. Consent for my child to travel on or in any form of public or private transport where such transport is deemed by the College to be necessary or desirable for the safe conduct of the excursion,
3. Consent for my child to participate in all activities, outings, trips and functions arranged as part of this excursion,
4. Consent for the College, by its servants or agents:
 - to seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and
 - if, in the opinion of an attending medical or dental practitioner or medical officer (*'health practitioner'*) my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that *health practitioner* giving such attention or treatment

provided that reasonable efforts are made to inform me of any serious injury or illness,
5. Certification that the consent which I have given in paragraph 4 is valid at all times while my child is in the custody of the College while attending or participating in the excursion,
6. Certification that I understand that the College will take reasonable care (a supervisor with first aid qualifications will be in attendance) in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any *health practitioner* attending or treating my child, and
7. Certification that if my child should bring or consume drugs, alcohol or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home for my child and any adult supervisor that may be required to ensure the safety of my child during that transport.

Permission

Signature/s _____ **Date** _____

(Parent / Guardian)

Hhnd

Student's date of birth _____
 Medicare no. _____ Position on card _____
 Private health fund _____ Membership no. _____

Is your child in good health? Yes No

Does your child suffer any chronic illness? Yes No

Details _____

Does your child suffer any disability? Yes No

Details _____

Does your child suffer any allergy? Yes No

Details _____

Has your child suffered any acute illness in the past four months? Yes No

Details _____

Has your child been treated by a doctor in the past four weeks? Yes No

(If 'Yes' please attach a medical certificate outlining treatment and statement of your child's fitness to attend this excursion)

Has your child had any major surgery? Yes No

Details _____

Does your child need to take any form of medication on the trip? Yes No

Medication	Dosage	Frequency	Medical purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This medication is to be kept on the excursion by: my child (secondary student)
 nominated staff member (primary student)

Do you give permission for Panadol to be administered if needed? Yes No

Has your child had a Diphtheria Tetanus Toxoid booster injection? Yes No

Year of booster injection _____

Medical Information

Diet

Does your child have any special dietary requirements?

Yes No

Details

Emergency

Contact details in case of accident or illness:

Name

Relationship to student

Phone (home)

Phone (work)

Phone (mobile)

Name

Relationship to student

Phone (home)

Phone (work)

Phone (mobile)

Activity

I understand that the information I provide on this form will be handled in accordance with the *Privacy Act 1998*.

Signature/s

(Parent / Guardian)

Date
