



# ST ALOYSIUS

## CATHOLIC COLLEGE

09<sup>th</sup> March 2018

Dear Parents/Guardians,

This year, all Grade 5 students will participate in an overnight excursion to Far South Wilderness Camp, which is located just to the south of Dover. 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 5 Green** – departing on the morning of Tuesday, 10<sup>th</sup> April, and returning on the afternoon of Wednesday, 11<sup>th</sup> April.

**Grade 5 White** – departing on the morning of Wednesday, 11<sup>th</sup> April, and returning on the afternoon of Thursday 12<sup>th</sup> April.

**Grade 5 Blue** – departing on the morning of Thursday, 12<sup>th</sup> April, and returning on the afternoon of Friday, 13<sup>th</sup> April.

The planned itinerary for your child's class is as follows:

### Day 1

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

10.00 a.m. – Arrive at Shipwrights Point, Port Huon for morning tea.

12.00 p.m. – Arrive at Hasting Cave Visitors Centre for a 12.30 p.m. tour of the caves.

1.30 p.m. – Lunch, swim and boardwalk forest walk at Hasting Caves Thermal Springs.

3.45 p.m. – Arrive at Far South Wilderness Camp. Camp induction, set-up, afternoon tea, camp activities and dinner at Far South.

## Day 2

Morning - Breakfast, camp activities at and around Far South, pack-up and morning tea.

12.30 p.m. – Depart Far South camp for return journey

1.00 p.m. Lunch at Shipwrights Point, Port Huon

1.40 p.m. Depart Shipwrights Point

2.40 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 **Tuesday, 13<sup>th</sup> March.**

Regards,

Mr Tim Harrington  
Mrs Su Heyward  
Miss Jacinta Castles  
Mr Ben Fasnacht

Mr. Joe Sandric  
Mr Brendan Gill

**Grade 5 teachers**

**Co-Principals**

# Parent / Caregiver Major Excursion Consent and Student Medical Information Form

Details

**School** St Aloysius Catholic College

**Excursion** Grade 5 Overnight Camp to Far South Wilderness

**Date from** (5Green 10/3-11/3, 5White 11/3-12/3, 5Blue 12/4-13/4)

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

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.....

**Emergency**

**Contact details in case of accident or illness:**

**Name**

.....

**Relationship to student**

.....

**Phone (home)**

.....

**Phone (work)**

.....

**Phone (mobile)**

.....

**Name**

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**Relationship to student**

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**Phone (home)**

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**Phone (work)**

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**Phone (mobile)**

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**Authy**

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**

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