



ST. ALOYSIUS

CATHOLIC COLLEGE

9th February 2017

Dear Parents/Guardians

GRADE 7 CAMP 2017

Grade 7 camp this year is going to Camp Clayton, located at Turners Beach on the North West Coast of Tasmania. This should be a rewarding experience for all students and a chance to develop teamwork through some exciting activities. The camp is from Monday February 27th until Wednesday March 1st. Students will return for normal school bus time on Wednesday.

During their stay at Camp Clayton the students will be participating in a range of activities in their class groups. This year the students are staying in cabins and will organise their room mates closer to the date.

Students are encouraged to indicate any special dietary requirements on the sheet provided for catering purposes. Students will need to provide their own meals for Monday lunch at a routine stop at Campbell Town.

A list of suggested clothing, sleeping gear, cooking equipment and the meals that the students have to provide for themselves is attached. Staff will be working with the students at school to assist them with their preparation and will be providing guidance as to what is appropriate equipment to bring on camp.

Students are asked not to bring phones or other electronic devices as they will not be able to lock their valuables away whilst on activities. Staff will have mobile phones and can be contacted in the case of a family emergency.

Joe Sandric – 0429535704

A permission and medical form is included so that you can notify us of important medical or dietary issues. It would also be appreciated if the school could be notified as soon as possible of students who cannot attend the camp.

If you have any concerns about camp, please do not hesitate to contact the College.

Mr Peter Kay
Camp Coordinator

Mr Joe Sandric
Co Principal

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

School St Aloysius Catholic College
Excursion Year 7 Camp - Camp Clayton
Date from Mon. February 27th **Date to** Wed. March 1st

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 Principal,
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)

Hind

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

.....

Relationship to student

.....

Phone (home)

.....

Phone (work)

.....

Phone (mobile)

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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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