



ST ALOYSIUS

CATHOLIC COLLEGE

8th February 2018

Dear Parents/Guardians

GRADE 8 CAMP 2018

Grade 8 camp this year is at Fortescue Bay, which should be a rewarding experience for all students. The camp is from Wednesday 28th February until Friday 2nd March. Students will return for normal school bus time on Friday.

During their stay at Fortescue Bay the students will be participating in a range of activities including mountain biking, kayaking, bush walking, abseiling and surfing. The camp activities are led by qualified instructors with appropriate certification. This year the students are staying in tents and are organising their camp groups as part of their pastoral care lessons. Groups can range from 2-5 people.

Students are encouraged to source Trangia cooking stoves and tents from friends or family. Fortescue Bay is a national park and cannot have any open flames. The school can lend these devices but stocks are limited. Unfortunately other fuel sources are not permitted due to several incidents at school camps around Australia.

Students will need to provide all meals for the camp. This includes two breakfasts, three lunches and two dinners. Students will be able to work together at school and in their tent groups to organise an appropriate menu and shopping list.

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 to 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.

Mr Peter Kay 0428 448 945

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 College 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) Brendan Gill
Co Principal

Equipment list



Clothing

- Waterproof coat
- Trackpants
- Shorts
- T shirt and long sleeve top
- Hat
- Socks x 3
- Bathers
- Towel
- Sandshoes
- Thongs/crocs
- Warm jumper
- Underwear
- Pyjamas
- Tent (shared)
- Sleeping bag
- Trangia (Cooking stove, shared)
- 1 Roll toilet paper
- Sunscreen
- Insect repellent
- Sunglasses
- Hair brush
- Tooth brush & paste
- Torch
- Beanie (optional)
- *Camera - optional and at own risk
- Garbage bag to keep things dry
- Water bottles x 2
- Knife fork & spoon
- Bowl
- Plates
- Scourer
- 1 ball of steel wool.
- Tea towel x 2
- Playing cards, reading material (optional)
- Great attitude

Menu Ideas



Breakfast x 2 (Tuesday & Wednesday)

Cereal (long life milk), porridge, fruit, breakfast bars.

Lunch and snacks x 3

Sandwiches, Wraps, Fruit, Muesli Bars, Sultanas, dates.

Tea x 2



Continental Pasta and sauce mixes. Alfredo, Chicken Curry, Creamy Bacon Carbonara, 4 Cheeses, Stroganoff...

- ✓ Cheap, good variety, easy to make, delicious, disposable.
- ✗ Not the best nutritional value, can burn easily, no satiety.



Hot/Cold milo

- ✓ High energy, quick, big or small serve, warm body up.
- ✗ Serving sizes are not always followed!



Campbell's Chunky beef

- ✓ A hearty meal, sound nutrition value, easy to prepare.
- ✗ Bulky packaging, must be eaten in one serve.

- Pasta with salami, vegetables and packet sauce (Demonstration at school)

- ✓ Provide much needed energy over time, delicious.

- ✗ 2 min Noodles



- ✓ Quick, easy, delicious.

- ✗ Highly processed, not the best dietary fibre option.

Parent / Caregiver Major Excursion Consent and Student Medical Information Form

Details

School	St Aloysius Catholic College		
Excursion	Year 8 Camp Fortescue Bay		
Date from	Wednesday 28 th Feb	Date to	Friday 2 nd March

I, _____ parent / guardian of _____
 (name of parent or guardian) (strike-out inapplicable) (name of student)

Permission

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.

Signature/s _____ **Date** _____
 (Parent / Guardian)

(Attachment C - Parent / Caregiver Excursion Consent and Student Medical Information Form)

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

Does your child have any special dietary requirements?

Yes No

Diet

Details

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)

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

Authy

Signature/s

(Parent / Guardian)

Date



ST ALOYSIUS

CATHOLIC COLLEGE

9th February 2018

Dear Parents/Guardians

During this year's Grade Eight camp, students have the opportunity to participate in abseiling. The College pays for the company *R B Dransfield* to facilitate the abseiling opportunities for students. The activity is also overseen by St Aloysius Catholic College staff. We have used *R B Dransfield* in this capacity since 2015.

R B Dransfield requires the attached waiver to be signed for students to participate in abseiling on camp. The decision on whether this waiver form is signed rests solely with the parent/guardian.

For your information the College holds Schoolcare insurance. SchoolCare is a student accident insurance policy specifically designed for schools, colleges and kindergartens. It's purchased by St Aloysius Catholic College to cover all our enrolled students and provides benefits for a range of (non-Medicare) medical services.

Please don't hesitate to contact the College office for further information.

Kind regards

(Mr) Peter Kay
Camp Co-ordinator

(Mr) Brendan Gill and (Mr) Joseph Sandric
Co-Principals

Waiver, Release and Indemnity

Date of Program: 28/2 to 2/3/ 2018 Client Details: St Aloysius, Year 8 – Tasman National Park, Tasmania
Activity: Abseiling

The service provider, Rodney Brian Dransfield of 221 Misty Hill Rd, Mountain River, Tasmania trading as "R B Dransfield" aims to provide the highest standards of safety and service in the delivery of its educational outdoor activity programs. To enable the service provider to better understand your specific personal safety requirements to ensure a pleasurable and enjoyable experience, we require you to complete both sides of this form and return it to us no later than 7 days prior to the scheduled date of your activity.

1. Surname _____ Given Name _____ Age _____

If under the age of 18 please provide your date of birth: _____

If under the age of 18 your parent or legal guardian must consent to your participation in this program and sign on your behalf.

Address _____ P/C _____

Phone (H) _____ (M) _____ E-mail _____

2. Person to be contacted in case of delay/emergency:

Name _____

Phone (H) _____ (W) _____ (M) _____

3. Can you swim? Yes/No If yes, describe swimming ability: Weak/Moderate/Strong

4. Medical Profile:

Have you been in hospital or suffered any significant illness or incapacity during the last five years? Yes/No
If yes, please give details (date, condition, etc):

Do you suffer any disability/illness/medical condition (E.g. asthma, diabetes, hearing impairment)? Yes/No
If yes, please give details (nature of condition, triggers, treatment protocol, etc):

Are you currently taking any Prescribed Medications? If yes, please give details (medication, dosage): Yes/No

Do you have any allergies or reactions (E.g. to bees, jack jumpers, drugs, foods, animals)? Yes/No
If yes, please give details (allergen, severity of reaction, treatment, etc):

Do you have any illness, disability or incapacity which may prevent you from participating in the activities you have enrolled for with the service provider? Yes/No
If yes, please give details.

Do you have any personal, cultural or religious beliefs that may affect emergency medical treatment? Yes/No
If yes, please give details.

Waiver, Release and Indemnity

I declare that the answers overleaf are correct and that I have not withheld any information or material that may be detrimental or affect my ability to participate in the aforementioned educational outdoor activity program.

I agree that I will not take **any substance** before or during the program that may affect my judgement or physical responses during the program.

I agree to comply with all instructions given to me by R B Dransfield or his staff or agents relating to my participation in the program.

I am aware that during my participation in any program arranged by R B Dransfield, its employees or agents, certain outcomes may occur resulting from the fact that:

1. I will be involved in physical activity and exertion
2. I will be participating in potentially hazardous outdoor activities and/or at height
3. My own negligence and/or negligence of others may cause me injury, permanent disability or death
4. There may be a need for evacuation if I am injured or disabled
5. My personal property may be lost or damaged
6. The conditions in which the activity is conducted may vary without warning.

I accept that I will be participating in the program at my own risk and in the event that I am injured or my property is damaged I will not bring any claim or action against R B Dransfield and I will hold R B Dransfield, its employees and agents free from any and all liability, actions, debts, claims and demands of any nature whatsoever, both present and future, that may result from my participation in the program and I will indemnify and keep indemnified R B Dransfield from any such liability, action, claim or demand.

This document shall be governed in all respects by and interpreted in accordance with the law of Tasmania. I am not relying on any representations made by or on behalf of R B Dransfield, but do so only of my own free will.

FIRST AID CONSENT: In the event I suffer injury or illness, R B Dransfield has my consent to administer first aid and may arrange such medical treatment and emergency evacuation as it considers necessary for my safety and at my cost.

Warning: This document affects your legal rights. Please read it carefully before you sign.

I confirm that I have read and understood this agreement prior to signing it, and it shall be binding upon my heirs, executors, assigns and next of kin.

Name: _____ Signature _____ Date ____/____/____

Note that parent or legal guardian must sign if person is under 18 years of age.

Please note that all information collected will be treated in the strictest confidence in accordance with our Privacy Policy and the activities will be delivered in accordance with our Risk Management and Work Health & Safety frameworks.

Please note that R B Dransfield may use photographs taken during this program in promotional and advertising material. These photographs will not be on sold to any third party and will only be used in the promotion and advertising of R B Dransfield programs and initiatives. Please let R B Dransfield know if you don't want your images used.

Please note that R B Dransfield may use your email address to notify you of upcoming programs. Your information will not be given to a third party at any time. Please let R B Dransfield know if you do not wish to receive promotional emails.

We strongly advise all participants have current tetanus protection. Check with your family doctor if you are unsure.