Dear Parents,

The date is now rapidly approaching when we will be taking your children on our fantastic camp at Phillip Island. We need to finalise some arrangements.

**PAYMENT:** The final date for payment was Friday 4th December 2015. The total cost of the camp is $280.00. At this stage we still have a few students who have not yet paid for camp. We would appreciate if this could be organised by Friday 5th February, so that we can finalise numbers. If you have any concerns about payment, please contact Bren in the Office.

Please find copies of the following forms attached:

1. General information including arrangements for the first day.
2. Itinerary.
3. Clothing and equipment list. As your child will be responsible for carrying their own bag to their room, please avoid excess luggage. Temperatures at the camp can vary a great deal so please pack both the suggested warm and cool clothing.
4. A list of Camp Rules and a Camp Behaviour Agreement Form. We would ask that you discuss the importance of this with your child so they understand what they are signing.
5. (a) A Confidential Medical Form (2 sided form) must be returned by all students by Monday 15th February. Please ensure all sections of this form are signed, including the creams and sprays section as without permission we are unable to administer this if required.

   (b) Confidential Medication Information form which is to be handed to Mrs Louise De Graauw on the morning of camp. If your child is in need of any medication please provide written instructions etc. (as outlined on the Medical Consent Form) and place in an appropriate container with your child’s name on the outside and hand to Mrs Louise De Graauw on the morning of departure. Phillip Island Camp is surrounded by grass so if your child suffers from hayfever/pollen allergies, please provide appropriate medication. It will make their stay at camp more enjoyable. We are only able to administer medicines (e.g. eye drops, Panadol and anti-histamines) if they are provided.

   (c) A current Asthma Management form must be completed if your child has been diagnosed as Asthmatic. Inhalers should be carried by the child, but it is advisable to provide a spare one. This should be given to Mrs Louise De Graauw.

With Thanks,

Michelle Franks, Matt Laws, and Melissa Veysey
DEPARTURE AND ARRIVAL
Children are expected to assemble at the school on Monday at 8:30am for a 9:00am departure. We expect, subject to traffic and weather conditions, to return to school around 3.00 pm on Wednesday.

LUNCH FIRST DAY
Please supply morning tea and lunch for the first day’s journey. Students are to carry their morning tea, lunch, water bottle, School SunSmart hat and a jacket/rain coat in a named backpack.

Please have your child’s name on their bag. No fizzy drinks. Eating is not allowed on the bus. The camp stipulates that no extra food is to be brought onto the premises, so please supply only enough food for morning tea and lunch for the first day.

MONEY
Children will not require money on this camp, as there will be no opportunity to purchase anything.

CONTACT WITH THE CAMP
Mail sent during the week is unlikely to arrive before we leave. But just in case you need it, the address is: - YMCA Phillip Island Coastal Discovery Camp, Marlin St, Smiths Beach, Phillip Island, Victoria

In EXTREME EMERGENCIES the camp can be contacted on 03 59522467 or 0484 010 381 (Melissa Veysey)

PLEASE NOTE STUDENTS ARE NOT PERMITTED TO TAKE MOBILE PHONES ON CAMP.

SLEEPING ARRANGEMENTS
Students will spend one night in a tent and one night in a cabin. Cabin and tent groups will be in the camp booklet given to students on the way to camp.
PHILLIP ISLAND COASTAL DISCOVERY CAMP
YEAR FIVE – 2016

MONDAY 29th FEBRUARY TO WEDNESDAY 2nd MARCH

ITINERARY

MONDAY 29th FEBRUARY

8:30 a.m. Coaches at school to load
9.00 a.m. Depart
11.00 a.m Arrive Phillip Island Coastal Discovery Camp
         Morning tea and lunch (students provide their own).
1:30 p.m Activity Rotations
         Afternoon tea
5:00 p.m. Free time and showers
6.00 p.m. Dinner
7.00 p.m. Night Activities

TUESDAY 1st MARCH

8.00 a.m. Breakfast
9.00 a.m. Activity Rotations
         Morning tea/ lunch/afternoon tea
5:30 p.m Free time, concert preparation and showers
6.30 p.m Dinner
7.30 p.m. Red Faces Concert

WEDNESDAY 2nd MARCH

8.00 a.m. Breakfast
10.00 a.m. Sports Carnival on the beach
12.00 p.m. Lunch
1.00 p.m. Depart Phillip Island
3.00 p.m. Arrive back at school
PHILLIP ISLAND COASTAL DISCOVERY CAMP  
YEAR FIVE – 2016  
MONDAY 29TH FEBRUARY TO WEDNESDAY 2ND MARCH

SUGGESTED CLOTHING AND EQUIPMENT LIST

<table>
<thead>
<tr>
<th>Monday to Wednesday</th>
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</thead>
<tbody>
<tr>
<td>1. Two pairs of jeans or tracksuits.</td>
</tr>
<tr>
<td>2. Two pairs of shorts or ¾ pants.</td>
</tr>
<tr>
<td>3. Raincoat. (Waterproof please as camp activities go on, rain or shine).</td>
</tr>
<tr>
<td>4. Warm pyjamas or tracksuit (especially for the camp out nights).</td>
</tr>
<tr>
<td>5. Dressing gown/slippers</td>
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</tbody>
</table>
| 6. Shoes - 2 PAIRS - must be suitable for walking.  
  Thongs – required for shower and beach use only. |
| 7. Warm jumper. |
| 8. Sufficient changes of underwear, shirts, t-shirts and socks. (no singlet tops) |
| 9. Bathers / boardshorts |
| 10. School SunSmart Hat and sunscreen |
| 11. Toilet bag with soap, washer, toothbrush, toothpaste, comb, etc.  
  (no aerosol cans) |
| 12. Bath towel AND beach towel |
| 13. Sleeping bag AND one extra blanket. |
| 14. One pillow and pillow slip |
| 15. Torch. |
| 17. A book to read. |
| 18. Large plastic bag for dirty clothing. |
| 19. Drink bottle. |

No electronic devices are permitted on camp, including iPods, iPads or phones.

PLEASE NAME ALL ITEMS
Phillip Island Camp Rules

- Listen to your teachers and instructors, and follow all directions.
- Show consideration for others and treat camp property with respect. Remember that we are guests.
- Stay within the camp boundaries at all times, unless accompanied by an adult.
- Sensible behaviour is required. Set a good example and make your school proud.
- Look after your belongings and keep your room tidy.
- All members of the duty group are to help with work.
- Be on time for meals and activities.
- All bunkrooms and tents except your own are out of bounds unless an adult is with you.
- Footwear is to be worn at all times.
- As this camp is taking place in Summer, in order to be SunSmart, no singlet tops will be allowed.
- Good table manners are required at meal times.
- ‘Lights out’ means, Lights out and go to sleep!
- If in doubt about anything always ask.

- **HAVE FUN!**

Camp behaviour agreement

I agree to abide by all the camp rules and to act in a way which is expected, by teachers, my parents and all camp staff.

Child’s signature: _______________________________________________

Date: __________________________________________________________

In the event of my child continually misbehaving, I agree to provide transport home and to cover any costs incurred.

Parent’s signature: ______________________________________________

Date: __________________________________________________________

Please return this form with the Medical/Consent form.
MEDICATION INFORMATION AND PERMISSION 2016

To comply with Department of Education and Training regulations, and to ensure the safety of your child whilst at camp, we require written notification of any medical condition your child has which might require special treatment on camp. We require a written permission form from each child’s parent/guardian before we are legally able to administer medication to your child.

FIRST AID TREATMENT – TOPICAL CREAMS AND SPRAYS 2016

In compliance with first aid guidelines we require consent to provide your child with antiseptic cream, for minor grazes or cuts, and Stingose, for insect bites. If you would like your child to receive this treatment, should it be required, please complete the permission form below.

In the case of ________________________________ (child’s name) requiring first aid treatment for minor cuts, grazes or insect bites, I, ______________________________________ (your name), authorise a representative of Bimbadeen Heights Primary School to administer or to supervise the administering of the following topical creams and sprays to the site of the injury or bite:

☐ Antiseptic cream  ☐ Stingose (cream or spray)

SIGNATURE: __________________________________________ DATE: _____/_____/___

EMERGENCY MEDICAL TREATMENT 2016

I authorise the teacher in charge to consent, where it is impractical to communicate with me, to my child receiving such medical, surgical treatment or ambulance service, as may be deemed necessary.

NAME OF CHILD: ______________________________________  GRADE: ______________________

SIGNATURE: __________________________________________ DATE: _____/_____/___

CAMP PARENT/GUARDIAN CONTACT INFORMATION 2016

Student’s Address

<table>
<thead>
<tr>
<th></th>
<th>Emergency Contact 1</th>
<th>Emergency Contact 2</th>
<th>Emergency Contact 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to student</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Home</td>
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<td></td>
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<tr>
<td>Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONFIDENTIAL MEDICAL INFORMATION 2016

Name of child: _____________________________________ Grade: _______________________
Name of family doctor: _____________________________________________________________
Address of family doctor: _____________________________________________________________
Phone number: _____________________________________________
Medicare number: _____________________________________________
Medical/hospital insurance fund: ___________________ Member number: ___________________
Ambulance subscriber? ☐ Yes ☐ No    If yes, ambulance number: _____________________________________________

Please tick if your child suffers any of the following:
☐ Asthma (if ticked complete Asthma Management Plan – speak to your child’s teacher)
☐ Anaphylaxis (if ticked complete Individual Management Plan for the camp – speak to your child’s teacher)
☐ Seizures (if ticked complete the Seizure Management Plan for the camp– speak to your child’s teacher)
☐ Bed wetting (if ticked suitable ‘pull-ups’ style disposable underwear must be provided – speak to your child’s teacher)
☐ Eczema  ☐ Blackouts  ☐ Diabetes  ☐ Dizzy spells  ☐ Migraines
☐ Heart condition  ☐ Sleepwalking  ☐ Travel sickness  ☐ Fits of any type  ☐ Hay fever
☐ Other: _____________________________________________

What special care is recommended for these conditions? _____________________________________________

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))

Previous Experience
Is this the first time your child has been away from home? ☐ Yes ☐ No
To comply with Department of Education and Training regulations, and to ensure the safety of your child whilst at camp, we require written notification of any medical condition your child has which might require special treatment on camp. We require a written permission form from each child’s parent/guardian before we are legally able to administer medication to your child.

Without this written permission the school will not be able to administer your child’s medication.

Is your child taking any medicine(s)? ☐ Yes ☐ No

(If yes, provide details below. If no, sign document and return to school).

Name of conditions(s) for which medication or special care is required (including hay fever, travel sickness, asthma):
___________________________________________________________________________________________
___________________________________________________________________________________________

All medication must be delivered to The First Aid Officer in a clearly labelled container which lists your child’s name, name of medicine, dosage required and when medication needs to be administered. Medication must be supplied in original packaging and with sufficient ‘used by’ date. It is the responsibility of the parent or guardian to keep information current and accurate. The medications will be kept by the staff and distributed as required.
Inform The First Aid Officer and your child’s classroom teacher 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 First Aid Officer and yourself.

<table>
<thead>
<tr>
<th>Name of Medication or Special Care required</th>
<th>Dosage</th>
<th>Times (Tick as many boxes as required)</th>
<th>Dates (Tick as many boxes as required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Breakfast</td>
<td>☐ Monday 29th February</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Lunch</td>
<td>☐ Tuesday 1st March</td>
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<tr>
<td></td>
<td></td>
<td>☐ Dinner</td>
<td>☐ Wednesday 2nd March</td>
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<tr>
<td></td>
<td></td>
<td>☐ As required</td>
<td>☐ As required</td>
</tr>
</tbody>
</table>

☐ Breakfast  ☐ Lunch  ☐ Dinner  ☐ As required
☐ Breakfast  ☐ Lunch  ☐ Dinner  ☐ As required
☐ Breakfast  ☐ Lunch  ☐ Dinner  ☐ As required

I, ______________________ (your name), declare that all information provided in this document is true and correct.

NAME OF CHILD: ________________________________  GRADE: ______________________

SIGNATURE: ___________________________________________  DATE: _____/_____/____

