

28 January 2021

Dear Parents and Guardians

#### YEAR 7 CAMP

Welcome to Year 7 at Indooroopilly State High School. We are very excited to provide you with some information about our upcoming Year 7 camp at Noosa North Shore. The camp provides cabin style accommodation and a swimming pool to cool off at the end of a fun filled day. Activities may include canoeing, body boarding, raft building, laser tag, indoor rock climbing and team development.

**Where:** Noosa North Shore Tourist Park, Moorindil Street, Tewantin. Total Adventures Outdoor Education group runs the program in partnership with Indooroopilly State High School teachers.

**When:** Students will attend the camp in two groups as follows:

- **Classes B, C, G, H, I, J, N, O and Q** will attend camp from **Monday 8 March to Wednesday 10 March**
- **Classes A, D, E, F, K, L, M and P** will attend camp from **Wednesday 10 March to Friday 12 March**

**Cost:** The cost of the camp is **\$294.50 per student**. If for any reason you require assistance with payment, please do not hesitate to contact me via phone 3327 8333 or email [accounts@indoorooshs.eq.edu.au](mailto:accounts@indoorooshs.eq.edu.au). Please **make payment by Friday 19 February** to allow confirmation of bookings and completion of the required administration.

**Consent and Medical Forms:** The attached forms **must be completed and returned to your Connect Teacher by Friday 19 February**. Please carefully record any dietary preferences or allergies and appropriate treatment. It is important to note that Queensland Department of Education policy requires that **a doctor's letter or prescription label be attached to all prescription AND non-prescription medication**; this includes clear instructions for dosage and administration. We will not be able to administer medication that does not meet these requirements.

**What to bring:** Please ensure that your student only brings the equipment/gear on the attached list. Items must be clearly labelled with your child's full name and connect class. Please do not allow your student to bring expensive items of clothing or valuables such as jewellery, watches, mobile phones and other devices. Lollies and other snacks (high in fat, sugar or salt) are **not allowed** and will be confiscated. If, for some reason, your child must have any of this type of food, please contact me to discuss a suitable arrangement.

**Contact while on camp:** If you need to contact staff or students while your student is on camp, please email [studentservices@indoorooshs.eq.edu.au](mailto:studentservices@indoorooshs.eq.edu.au) or phone the school mobile 0459 866 960 - note that mobile phones may not operate throughout the campsite.

**Making Payment:** Our preferred method of payment is **BPoint**. When paying by BPoint, please click on the BPoint link located on the bottom left corner of the invoice you receive from the school. The link will take you to the page to make your payment. It is important that financial constraints do not prevent your student from attending the camp. Arrangements can be made for payments to be made in instalments. Please contact our administration team on (07) 3327 8333 for more information about this option.

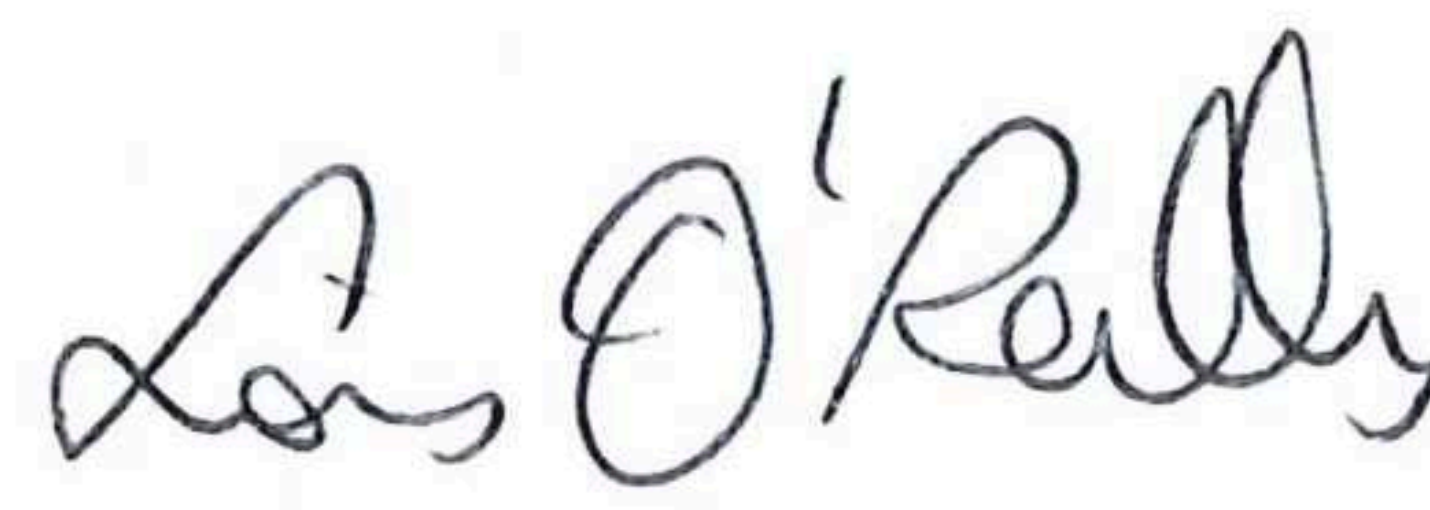
Yours sincerely



Matthew Antonioli  
Year 7 Coordinator



Rebecca Wheeler  
Head of Department  
Junior Secondary



Lois O'Reilly  
Executive Principal

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The Department of Education trading as Education Queensland International CRICOS Registration Number 00608A





# Year 7 Camp 2021

## STUDENT MEDICAL AND PERMISSION RECORD

*To be completed by parent/guardian of all students participating in excursions which involve an overnight stay or periods in excess of one day.*

### 1. STUDENT DETAILS

Surname:	Date of Birth:	
Given Names:	Gender: F / M	Connect Class (Circle) : 7 A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q
Home Address:	State:	
Suburb/Town:	Post-code:	
Emergency Contact 1:	Relationship:	
Contact 1 Phones: (H) (    )	Wk/Mb: (    )	
Emergency Contact 2:	Relationship:	
Contact 2 Phones: (H) (    )	Wk/Mb: (    )	
Medicare Number:	Expiry Date:	

### 2. MEDICAL CONDITION

*Please indicate below any known medical conditions relevant to the above named student. In those instances where there is a "YES" response, please describe the nature of the problem or provide a letter from doctor.*

MEDICAL CONDITIONS	RESPONSE	ADDITIONAL COMMENTS
Heart problems	Yes/No	
Blood Pressure	Yes/No	
Respiratory problems (other than Asthma)	Yes/No	
Asthma	Yes/No	If "Yes" see attached form
Epilepsy	Yes/No	
Operations	Yes/No	
Allergies (Food; Drugs; Ointments; Adhesives; Insects)	Yes/No	If "Yes" see attached form
Drug reactions	Yes/No	
Recent illness/operations	Yes/No	
Phobias	Yes/No	
Bed-wetting	Yes/No	
Other (e.g. ongoing injuries)	Yes/No	
Date of most recent Tetanus injection		
Special Dietary Consideration		



### 3. MEDICAL PRACTITIONER

Name of family doctor	
Address	
Telephone number	

### 4. CURRENT PRESCRIBED MEDICATION(S)

Not Applicable

The medication/s listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion indicated in Section 1. I hereby request the teacher accompanying the excursion who has been so authorised by the Principal to administer the medication(s) in accordance with the instructions written on the medication container(s) by the pharmacist in accordance with the medical practitioner's instructions. I understand that all unused medication(s) will be returned to me.

Signature of parent/guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication and documentation should be placed in a clear zip lock bag, labelled clearly with student's name and handed to Matthew Antoniolli (Year 7 Co-ordinator) before departure**

**Please rule an oblique line through any unused spaces below.**

NAME OF MEDICATION	QUANTITY OF MEDICATION	TIMES FOR ADMINISTRATION

### 5. SWIMMING ABILITY – Please complete\*

What is the participant's swimming ability?

**(Please circle as appropriate)**

Can't Swim

Poor

Fair

Strong

### 6. DISCLAIMER AND AUTHORITY – Please read and sign\*

I hereby authorise the medical practitioner identified in Section 3 to provide to hospital authorities or other qualified medical practitioner(s) additional information concerning any of the medical conditions identified in Section 2 should such need arise.

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur.

I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by my personal/family ambulance subscription, medical benefits fund (or travel insurance in the case of overseas travel).

I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise. I understand that, should such circumstances arise, the supervising teachers will endeavour to contact me by phone in the first instance.

I understand that my child may participate in activities such as: swimming, canoeing, body-boarding, flying fox, survival activities and evening hike.

I give permission for myself/my child to participate and I understand that whilst all appropriate safety precautions will be followed and staff have relevant qualifications, the activities mentioned carry an element of risk and that if I do not totally understand those risks I will phone Total Adventures for clarification on 07 5440 5444.

Signature of parent/guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_



**NB Only complete and sign if student has asthma or allergies**

ASTHMA MANAGEMENT FORM			
Name			
Regular medication			
Quantities and daily dosages			
Additional medication to be taken during an attack			
<b>The medications listed above must be brought to the program.</b>			
Has the participant ever been taken to hospital because of asthma or related conditions? If yes, please give details.			
Expected best Peak Expiratory Flow reading:			
Peak Expiratory Flow reading requiring extra medication:			
Peak Expiratory Flow reading when need to seek medical care:			
Known trigger factors (Please tick any appropriate item below and give details):			
<input type="checkbox"/> Dust			
<input type="checkbox"/> Sudden change in temperature			
<input type="checkbox"/> Contact with animals			
<input type="checkbox"/> Grass and weed pollens, mould			
<input type="checkbox"/> Atmospheric pollution			
<input type="checkbox"/> Vigorous exercise			
<input type="checkbox"/> Other			
ALLERGY MANAGEMENT FORM			
Name			
Doctor's name and Phone			
Allergy triggers (circle most severe)			
Signs and symptoms of a reaction			
Severity (circle)	Mild local reaction (e.g. skin irritation, redness)	Severe local reaction (e.g. swelling)	
	Mild - Moderate General reaction (e.g. joint inflammation, hives etc)	Life-threatening reaction (anaphylaxis)	
Last Episode (circle)	Never	More than 5 years	Within 5 years    Within 6 months
Last Hospitalisation (circle)	Never	More than 5 years	Within 5 years    Within 6 months
Medications carried	<b>Antihistamine: Yes/No    Type:</b> <b>Dosage:</b> <b>Other medication Yes/No    Type:</b> <b>Dosage:</b> <b>Adrenaline injector (eg Epi-Pen) Yes/No</b>		
Standard Treatment plan Please tick required steps	<input type="checkbox"/> 1. Monitor site for swelling <input type="checkbox"/> 2. Apply Ice <input type="checkbox"/> 3. Administer Antihistamine <input type="checkbox"/> 4. Monitor Vital signs <input type="checkbox"/> 5. If anaphylaxis administer Epi-pen and Antihistamine <input type="checkbox"/> Personal Treatment plan (attached)		
Any other relevant information:			
<b><i>Any participant who requires the use of an Epi-Pen must bring at least one and carry it at all times</i></b>			
<b>Signature (Parent/Guardian)</b>		<b>Date</b>	



## Participant Gear/Equipment List

You are required to bring every item on this list (except the camera marked optional). Should you be unable to provide any of the listed items, please contact the Year 7 Coordinator or call Total Adventures on 07 5440 5444 for further information.

All equipment & clothing should be suitable for outdoor use, and of sturdy construction.

### General Clothing

- T-shirts & shorts (including at least 1 set to get wet/muddy). Full length t-shirts with sleeves are required for activities (ie no singlets or mid-riff/crop tops)
- 2 pairs of enclosed shoes (including 1 pair to get wet/muddy). Thongs, slip-ons and sandals will not be accepted for activities. NB: New shoes should be broken in before camp
- 1 warm jumper (preferably fleece or wool, not cotton) and tracksuit/long pants
- Warm shirt/skivvy
- Swimwear
- Underwear and socks
- **Hat** (willing to get wet)
- Raincoat

### Toiletries

- Toothbrush/toothpaste
- Soap in container
- Towel for the beach/shower
- Deodorant (**no aerosol**)
- **Minimum SPF 15+ Sunscreen**
- **Insect repellent (no aerosol)**
- **Hand Sanitiser (for personal use – some will be provided also)**

### General Items

- **Water bottle (not glass)**
- **All prescription and non-prescription medication (must have prescription label or letter from doctor outlining details including circumstances for use and dosage/timing and be placed in a plastic zip-lock bag marked with student name)**
- Torch and spare batteries
- 4 large garbage bags for wet or used clothes
- Small camera (optional). NB Waterproof disposable camera ideal
- Pen & Paper
- Optional Private First Aid Kit (band-aids, roller bandage, cotton wool, tweezers)

### Sleeping Gear

- Sleeping bag or sheets/blanket
- Pillow (none supplied)

### Do Not Bring *(Please note: These items may be confiscated and held until the end of the program)*

- Mobile phones
- Valuables such as jewellery
- Electronic games or CD/MP3 players
- Chewing gum, lollies or toys