


HOW TO PLAN A CAMP - REQUIRMENTS AND CHECKLIST

HINT: - START CAMP PREPARATION AT LEAST EIGHT (8) WEEKS PRIOR - excluding School Holiday Weeks

HINT: - TICK EACH ITEM AS YOU HAVE COMPLETED IT

HINT: IF YOU HAVE ANY QUESTIONS - ASK!

 **ALL STAFF PLANNING A CAMP MUST:-**

 Familiarize yourself with the Department of Education & Early Childhood Development (DEECD) Website regarding Camp Planning & Risk Management



Department of Education and
Early Childhood Development

<http://www.education.vic.gov.au/management/schooloperations/edoutdoors/default.htm>

http://www.education.vic.gov.au/management/governance/referenceguide/enviro/4_4.htm

http://www.education.vic.gov.au/management/governance/referenceguide/management/6_14.htm

 **Read the entire Camp Requirements & Checklists prior to Planning your Camp - especially in relation to:-**

 **Emergency Management Procedures**

 **Accommodation**

 **Camp Costs**

 **Forms to be Completed**

 **Activities**

You are Not alone while Planning your camp, there is help available:-

Read the Manual

Research the Blackwood Website
www.blackwoodssoec.vic.edu.au

Call Blackwood Staff
Ph. No:- 5368-6768

Fax Blackwood Camp
Fax No:- 5368-6835

Email Blackwood Staff:-
blackwood.specialschools.oec@edumail.vic.gov.au



Read and Comprehend the following documents prior to planning your Blackwood Camp:-



The Blackwood Manual

Blackwood SSOEC Emergency Management Plan

Blackwood SSOEC Bushfire Plan

While Planning your Camp Blackwood Staff can:-

Advise you on appropriate camp activities

Book & inform you of the cost of off-site excursions

Help with Booking Local Blackwood Restaurants

There are three (3) campsites at Blackwood Special Schools Outdoor Education Centre Inc.:-

| | <u>Accommodates</u> |
|------------------|------------------------------------|
| The School | 16 Students & 6 Staff |
| The Residence | 18 Students & 6 Staff |
| The Tent Shelter | 22 people in 10 Safari Style Tents |

BLACKWOOD STAFF

need your

CAMP PROGRAM

2 WEEKS PRIOR TO YOUR CAMP

to ensure their availability to assist in the implementation of your activities,


as there could be three (3) different schools utilising Blackwood Camp during your visit all wanting Blackwood Staff to run activities.

EIGHT (8) WEEKS PRIOR TO CAMP - CHECKLIST

In an Ideal World the Camp Planning Process would begin 4 Weeks Prior to your next School Council Meeting.

Plan your program

Plan your Menu & Cost - Blackwood Camp is FULLY self-catered



 Including Bush Cooking & Campfire Ingredients (if required)

 ALL OF THIS COULD BE DONE WITH THE STUDENTS

Plan an exact cost - this MUST cover Students & Staff

\$\$\$\$\$
DO NOT
GUESS
EXPENSES

See Appendix 2
Calculating
Costs
for Camp

-  Accommodation Expenses
-  Food
-  Cleaner Costs
-  Excursion Expenses
-  Petrol
-  CityLink Tolls
-  Miscellaneous

Basic Camp Cost per Student
Calculation




14 Students
3 Staff

TOTAL CAMP COSTS for 17 People
divided by
13 students

This allows for unexpected expenses
& students last minute cancellations









| 2012 BLACKWOOD CAMP FEES | | | |
|---|---------------------|--------|-----------------------------|
| Accommodation Site | Cost per Person | GST | INVOICE AMOUNT (per person) |
| The School | \$54.00 | \$6.00 | \$60.00 |
| The Residence | \$54.00 | \$6.00 | \$60.00 |
| The Tent Shelter | \$10.00 p.p.per.day | \$1.00 | \$11.00 p.p.per.day |
| CLEANING FEES - \$50 CASH ONLY per CAMPSITE | | | |

Send a letter to prospective student's Parent/s or Guardian/s outlining:-






-  Camp Dates
-  Venue including Accommodation Site
-  Accommodation Site Phone Number

| BLACKWOOD CAMP PHONE NUMBERS | | | |
|------------------------------|------------|---------------|------------------|
| The Office | The School | The Residence | The Tent Shelter |
| 5368-6768 | 5368-6555 | 5368-6576 | 5368-6383 |



See Appendix 3
Student Camp
Invite

-  Activities - both Blackwood & Off-Site Activities
-  Staff attending and their qualifications
-  Travel Arrangements
-  Catering
-  Medical Assistance
-  Risk Management
-  Educational Purpose
-  Cost, what it includes & method of payment






SEVEN (7) WEEKS PRIOR TO CAMP - CHECKLIST

- Book your Blackwood Camp via the Blackwood Website:-
 <http://www.blackwoodssoec.vic.edu.au/bookform.php>
- Download Risk Management Plans via the Blackwood Website:-
http://www.blackwoodssoec.vic.edu.au/display.php?page=risk_management
- You will need Risk Management Plans for:-
 -  The Blackwood Camp Accommodation Site you are staying in
 -  ALL Blackwood Activities you want to participate in
 -  Complete all your required Risk Management Plans
 -  PRINT ALL YOUR RISK MANAGEMENT PLANS
- Book your School Bus to ensure it is available for your Camp

SIX (6) WEEKS PRIOR TO CAMP - CHECKLIST

- Once numbers are confirmed send a second (2nd) letter home to all families confirming:-
 -  Their child's attendance
 -  Exact Cost & Method of Payment

The letter should also include the following details & attachments:-

-  Full Payment due date (2 weeks prior to Camp) - [Appendix 7](#)
-  Consent Forms (Return 2 weeks prior to Camp) - [Appendix 3](#)
-  Medical Forms (Return 2 weeks prior to Camp) - [Appendix 5](#)
-  Medication Requirements - [Appendix 6](#)
-  Dietary Needs (Notification required 2 weeks prior to Camp)

**See Appendix 4
Letter to
Parents**

SIX (6) WEEKS PRIOR TO CAMP - CHECKLIST (continued)

Complete the following documentation:-



Excursions and Activities Requiring School Council Approval



Risk Register



Emergency Response Plan



Staffing Details



Documentation of Student Preparation



Pre-Requisite Skills/Knowledge & Documentation of Staff Qualifications & Experience

or



Expertise in Lieu of Certification/Accreditation



At least ONE (1) Staff Member attending Camp MUST HAVE Current Level 2 First Aid & Current CPR

Submit all the above documentation as well as Risk Management Plans to your Principal ready for FULL SCHOOL COUNCIL APPROVAL



Keep a Photocopy of ALL DOCUMENTS for your records

IN AN IDEAL WORLD

(2 weeks prior to School Council)

Once you have printed ALL CAMP DOCUMENTATION & submitted it to your Principal:-



Email ALL CAMP DOCUMENTATION to your Principal



Email ALL CAMP DOCUMENTATION to your Camp Co-Ordinator



Ask your Principal to forward ALL CAMP DOCUMENTATION via Email to your School Council Members.



School Council Members then have a period of 2 weeks to digest & comprehend all of your Camp Documentation - prior to their approval. Resulting in:-



A more informed School Council



A greater understanding of your Camp Aims & Activities



An opportunity for School Council to question & comprehend

Submit the following to your School Business Manager:-



Page 2 of the Excursions and Activities Requiring School Council Approval, BUDGET". This is to do with GST.



A list of students attending camp the camp so invoices & payments can be registered correctly

FIVE (5) WEEKS PRIOR TO CAMP - CHECKLIST



Start to create a Camp Booklet for your Students. It may include:-

-  Diary Pages
-  Compics
-  Menu
-  Camp Program
-  Duty Rosters
-  Bedroom Allocations
-  Word Searches
-  Colouring

FOUR (4) WEEKS PRIOR TO CAMP - CHECKLIST



Submit the Notification of School Activity Form Online via the DEECD Website:-



<http://www.education.vic.gov.au/management/schooloperations/edoutdoors/planning/approval.htm>

PLEASE NOTE



If your program includes visits to SITES BEYOND Blackwood you WILL NEED to submit more than one Notification of School Activity Form Online

| SAMPLE BLACKWOOD PROGRAM | | |
|---------------------------------|--|--|
| Monday | Drive to Blackwood Blackwood Activities | Notification of School Activity Form Online Required |
| Tuesday | Blackwood Activities | |
| Wednesday | Sovereign Hill - Ballarat | Notification of School Activity Form Online Required |
| Thursday | Blackwood Activities in the Morning Visit Daylesford in the Afternoon | Notification of School Activity Form Online Required Notification of School Activity Form Online Required |
| Friday | Blackwood Activities Drive Home | Notification of School Activity Form Online Required |



DEECD require separate Notification of School Activity Forms Online for each destination you visit during camp



If there is an emergency situation in an area you are visiting DEECD are then able to contact you & your school to inform you of any actions you need to implement while in that area



Inform Specialist Staff of students attending camp including dates via a written note in their pigeon hole

Online Notification of School Activity Form

Notification of School Activity Form



| Your Details | | | |
|--------------|------------------|-----------------|----------------------|
| User ID : | | School Number : | 01516501 |
| User Name : | Bellette, Tony D | School Name : | Warringa Park School |

School Councils are responsible for ensuring that the activities listed below are thoroughly planned, checked and documented in accordance with Department of Education and Early Childhood Development guidelines for the planning and conduct of camps, excursions and outdoor adventure activities.

The information on this proforma will be used to provide initial information to the emergency services during an emergency. If comprehensive information is required during an emergency, schools will be expected to provide it at any time of the day or week from the documentation prepared for the activity which is held by the school.

[Home](#)

Please fill out the following form and click on the Submit button

| | | | |
|--|-----------------------|---|-------------------------|
| Commencement Date: | 26 ▾ Mar ▾ 2012 ▾ | Venue Postcode: | 3737 |
| Concluding Date: | 30 ▾ Mar ▾ 2012 ▾ | Venue Ph. Number: | 57521394 |
| Type of Activity: | Mountainbike Riding ▾ | Mobile with group: | 01439686768 |
| Name of Venue: | Arderns Caravan Park | Map Reference: | Melways Ed 29 Map 622 E |
| Address of Venue: | Willow Grove | Emergency Transport at Venue? <input checked="" type="checkbox"/> | |
| Location of Venue (Nearest Town/Area): | Myrtleford | Number Students: | 95 |
| State of Venue: | Victoria | Number Teachers: | 47 |
| Country of Venue: | Australia | Person in Charge: | Tony Bellette |
| | | <input type="button" value="Submit Form"/> | |

This form is to be completed for all camps and school excursions which also includes:

- Overnight, weekend, interstate, overseas activities
- Non-Adventure activities which, by their nature, locations or timing, may be hazardous
- School closures, pupil free days, school council holidays, combined sports or cluster days

Notes:

1. The form must be submitted three weeks prior to the commencement of any activity.
2. A new submission is required each time an activity is repeated on a different date.

Online Notification of School Activity Form

Automatic Response






To: Bellette, Tony D
Subject: Successful receipt of Activity Details

This message is to confirm the following Activity details were received successfully by ESM

| | |
|-------------------------|--|
| Commencement Date: | 26/March/2012 |
| Concluding Date: | 30/March/2012 |
| Activity Type: | Mountainbike Riding |
| Name of Venue: | Arderns Caravan Park |
| Address of Venue: | Willow Grove Myrtleford Victoria Australia |
| Postcode of Venue: | 3737 |
| Venue Telephone Number: | 57521394 |
| Mobile Number: | 01439686768 |
| Map Ref: | Melways Ed 29 Map 622 E 8 |
| Number of Students: | 95 |
| Number of Teachers: | 47 |
| Person in Charge: | Tony Bellette |

Regards,
Emergency & Security Management Branch DEECD












THREE (3) WEEKS PRIOR TO CAMP - CHECKLIST

- Remind Parents / Guardians of the Camp Forms that need to be returned:-
 -  Full Payment due date (2 weeks prior to Camp) - Appendix 7
 -  Consent Forms (Return 2 weeks prior to Camp) - Appendix 3
 -  Medical Forms (Return 2 weeks prior to Camp) - Appendix 5
 -  Medication Requirements - Appendix 6
 -  Dietary Needs (Notification required 2 weeks prior to Camp)
- Transport Form to be Completed, Signed & Returned - Appendix 8
- Issue Student Camp Equipment, Clothing & Toiletries Checklist

What Individuals Need to Bring to Blackwood Special Schools Outdoor Education Centre Inc.

| | | | |
|-------------------|---------------|---------------------|--------------------------|
| Single Bed Sheets | Sleeping Bag | Pillow Case | Suitable Clothing |
| Toiletries | Towels | Solid Walking Boots | Wet Weather Gear |
| Sunscreen | Wide Brim Hat | Torch | Other Personal Equipment |





TWO (2) WEEKS PRIOR TO CAMP - CHECKLIST

- Collect the following from Parents / Guardians:-
 -  Full Camp Payment - Appendix 7
 -  Consent Forms - Appendix 3
 -  Medical Forms - Appendix 5
 -  Dietary Needs Information
- SEND YOUR CAMP PROGRAM TO BLACKWOOD STAFF**
- Organise the money you will need on a certain date to purchase food**
- Collect the following from Camp Staff & Volunteers including yourself:-
 -  Medical Forms - Appendix 5
 -  Dietary Needs Information
- Collate & Print Camp Booklets
- Question Parents on students:-
 -  Medication Requirements
 -  Doses
 -  Medication Storage
 -  Medication Management Plans
 -  Emergency Medical Management Plan

ONE (1) WEEK PRIOR TO CAMP - CHECKLIST






Collect the following from Parents / Guardians:-

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

-  Full Camp Payment - Appendix 8
-  Consent Forms - Appendix 3
-  Medical Forms - Appendix 5
-  Dietary Needs Information











Question Parents on students:-

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

-  Medication Requirements
-  Doses
-  Medication Storage
-  Medication Management Plans
-  Emergency Medical Management Plan

Photocopy the following documents:-

Copies stay at School Originals go to Camp

-  Entire Camp Application
-  All Staff Mobile & Camp Numbers
-  EVERY person's Medical Information - Appendix 5
-  Each Student's Medication Chart - Appendix 6
-  Each Student's Consent / Permission Form
-  Camp Program
-  Student Emergency Contact Details
-  Staff Emergency Contact Details
-  Transport Forms
-  Anything you think is Important

| |
|--------------------------|
| <input type="checkbox"/> |
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| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

SEND STUDENT & STAFF EMERGENCY CONTACT DETAILS TO BLACKWOOD STAFF

PACK THE BLACKWOOD CAMP KEYS - Speak to Blackwood Representative

PACK CAMERAS, CHARGERS, MEMORY CARDS & SPARE BATTERIES

PACK LAPTOP TO DOWNLOAD PHOTOS DURING CAMP

DON'T FORGET












What the Group Needs to Bring to Blackwood Special Schools Outdoor Education Centre Inc.

| | | | |
|--------------------|-------------------------|-----------------|----------------|
| Food for all Meals | 1 st Aid Kit | Dish Cloths | Shower Mats |
| Detergents | Scourers | Cleaning Agents | Washing Powder |
| Toilet Rolls | Hand & Tea - Towels | Air Freshener | Garbage Bags |










Equipment NOT Available at Blackwood Special Schools Outdoor Education Centre Inc. if you require any of this equipment YOU MUST BYO.

| | | | |
|------------|------------|----------------|-----------------|
| Television | DVD Player | Video Player | Stereo |
| Radio | Laptop | Date Projector | Disco Equipment |




Check the bus for the following:-

- | | | |
|--------------------------|---|----------------------------------|
| <input type="checkbox"/> |  | Full Tank of Fuel |
| <input type="checkbox"/> |  | Vehicle Log Book |
| <input type="checkbox"/> |  | Cleanliness |
| <input type="checkbox"/> |  | Lights & Vehicle Safety Check |
| <input type="checkbox"/> |  | Oil |
| <input type="checkbox"/> |  | Safe & appropriate seat belts |
| <input type="checkbox"/> |  | Rubbish Bin |
| <input type="checkbox"/> |  | Petrol Card |
| <input type="checkbox"/> |  | Spare Tyre |
| <input type="checkbox"/> |  | Jack & Tools for Changing a Tyre |
| <input type="checkbox"/> |  | Registration - current & visible |

Check the Trailer for the following:-



- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> |  | Appropriate & Correct Light Plug for the Bus |
| <input type="checkbox"/> |  | Chains & D-Shackles to connect to the Bus |
| <input type="checkbox"/> |  | Jockey Wheel |
| <input type="checkbox"/> |  | Brakes & Brake Fluid if it is a Tandem |
| <input type="checkbox"/> |  | Lights are operational when plugged into the bus |
| <input type="checkbox"/> |  | Spare Wheel |
| <input type="checkbox"/> |  | Lock & Key - if required |
| <input type="checkbox"/> |  | Ropes, Tarps, Cargo Nets, Straps - if required |
| <input type="checkbox"/> |  | Registration - current & visible |





Throughout the Eight (8) Week Planning process:-

-  Regularly inform the staff at your School of the Camp Dates
-  Write the dates up on the School Termly Calendar
-  Give staff that are affected by any bus changes a write note of the dates in their pigeon hole

-  Inform Staff of which Bus you will be using on your Camp


Ensure the Principal has the following information:-

-  A list of staff and students attending camp
-  A list of students who are remaining at school and arrangements that have been made for them

-  Bus you are taking plus trailer/bike trailer
-  Any other vehicle arrangements & details
-  Yard Duty Absences - Staff, Day/s, Time & Area
-  Bus arrangements for each student's transport - pre & post camp

-  Any other information you feel is relevant

Throughout the Eight (8) Week Planning process liaise with your Blackwood Representative, the Blackwood Staff & your Principal

-  If you have any questions, concerns or you are unsure of what to do just ASK

ON RETURNING TO SCHOOL



Refuel Bus



Put trailer away



Return:-



Bus Keys & Petrol Card



Camp Keys



First Aid Kit



School Mobile Phone



Camera/s, Charges & Batteries



Clean out bus and put away



Report any damage or loss to the appropriate person



Clean & return camp equipment including:-



T-Towels



Drink Containers



Cleaning Equipment



File all information in camp folder



Hand in any leftover money and all receipts to your Business Manager

CALCULATING COSTS FOR CAMP

A 5 DAY (4 NIGHT) CAMP MEAL BUDGET FOR 7 STUDENTS & 3 STAFF

| | Cost per person per day | No. of Meals | TOTAL MEAL COST per person | No. of Students | No. of Staff | Funds Required for Meals |
|--------------|-------------------------|--------------|----------------------------|-----------------|--------------|--------------------------|
| BREAKFAST | \$ 2.00 | 4 | \$ 8.00 | 7 | 3 | \$ 80.00 |
| LUNCH | \$ 5.00 | 4 | \$ 20.00 | 7 | 3 | \$ 200.00 |
| DINNER | \$ 6.00 | 4 | \$ 24.00 | 7 | 3 | \$ 240.00 |
| TOTAL | \$ 13.00 | 12 | \$ 52.00 | | | \$ 520.00 |

A 5 DAY (4 NIGHT) CAMP ACCOMMODATION BUDGET FOR 7 STUDENTS & 3 STAFF

| | Accommodation Fees | | No. of Students | No. of Staff | Days at Camp | Accommodation Cost per Person | Accommodation Invoice |
|--------------|--------------------|---------------------|-----------------|--------------|--------------|-------------------------------|-----------------------|
| SCHOOL | \$60.00 | per person per week | 7 | 3 | 5 | \$ 60.00 | \$ 600.00 |
| RESIDENCE | \$60.00 | per person per week | 7 | 3 | 5 | \$ 60.00 | \$ 600.00 |
| TENT SHELTER | \$11.00 | per person per day | 7 | 3 | 5 | \$ 55.00 | \$ 550.00 |

A 5 DAY (4 NIGHT) BASIC CAMP BUDGET - NO OFFSITE EXCURSIONS FOR 7 STUDENTS & 3 STAFF AT THE SCHOOL ACCOMMODATION SITE

| EXPENSE | Cost per Person | TOTAL COST | No. of Students | No. of Staff | Days at Camp |
|--------------------------|------------------|--------------------|-----------------|--------------|--------------|
| Accommodation Fees | \$ 60.00 | \$ 600.00 | 7 | 3 | 5 |
| Food | \$ 52.00 | \$ 520.00 | | | |
| Petrol & City Link Tolls | \$ 15.00 | \$ 150.00 | | | |
| Offsite Excursions | \$ - | | | | |
| Cleaner | \$ 5.00 | \$ 50.00 | | | |
| TOTALS | \$ 132.00 | \$ 1,320.00 | | | |

CAMP COST per STUDENT

\$ 188.57

No. of Students divided by Total Cost

SAMPLE STUDENT CAMP INVITATION

Date:- / /

Dear Parents/Carers

BLACKWOOD CAMP

Your child has the opportunity to attend Blackwood Special Schools Outdoor Education Centre Inc. at Blackwood from with their classmates and school staff. The students will travel by school bus departing ata.m. onand return atp.m. on Our accommodation will be in at the Campsite and we will be self-catering on this camp.

Students will participate in the following Camp Activities:- We will also visit the regional township of and the following tourist attractions & sites The local police may also pay us a visit. We may also be celebrating a couple of birthdays too to add to the excitement.

Staff attending the camp will be:-
.....(Enter Staff Names)..... Have current Level 2 First Aid and CPR qualifications.
.....(Enter Staff Names)..... have attended numerous camps with students over several years and are experienced in many of the activities the students will be participating in. Students will be supervised at all times by the above staff and qualified camp staff at the various activities. Should an illness or injury arise expert medical care including an ambulance and hospital is 30 and 45 minutes respectively away with a helicopter being available should there be a need.

Camp provides many opportunities for students to practice and improve their independent living and social skills and increases their self-esteem thus providing a valuable contribution to their overall development.

A risk management plan for this program has been developed by staff and is available for parents to review on request by contacting the school on

The cost of the camp is \$..... per student, which includes all meals (except lunch on Monday), accommodation, activities and transport. Payment can be by installments and it is also an ideal opportunity for students to use their pension to budget for a holiday.

Please give the camp serious consideration and complete the attached forms and return them to school by:-

More information will be sent home with you child once numbers are confirmed. If you have any queries please contact me at school.

We look forward to positive reply.

Teacher in Charge of Camp

School Principal

SAMPLE STUDENT CAMP INVITATION

BLACKWOOD CAMP

STUDENT'S NAME

(Please tick the appropriate box)

Will be attending camp

Will not be attending camp

SIGNED.....(PARENT/GUARDIAN)

DATE.....

SAMPLE STUDENT CAMP INVITATION

BLACKWOOD CAMP

STUDENT'S NAME

(Please tick the appropriate box)

Will be attending camp

Will not be attending camp



SIGNED.....(PARENT/GUARDIAN)

DATE.....

SAMPLE STUDENT CAMP INVITATION

BLACKWOOD CAMP

I have read all of the above information provided by the school in relation to the Blackwood Camp where my child will be accommodated at the Blackwood Campsite, including any attached material.

We / I give permission for our / my child _____ to attend camp at Blackwood SSOEC from inclusive travelling by school bus and to participate in the following Camp Activities:- We / I also understand that during this camp experience my child will also visit the regional township of which will include visiting the following tourist attractions & sites

I authorise the teacher in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as deemed necessary by a qualified practitioner. Such consent includes anesthetics, blood transfusions and operations.

In the event of an emergency I consent to my child being transported in an ambulance or privately owned vehicle driven by a member of the listed supervisory staff.

In case of emergency We / I can be contacted on:

| | MOTHER / CARER | FATHER / CARER |
|-----------------------|----------------|----------------|
| | Name:- | Name:- |
| Mobile Phone No. | | |
| Direct Work Phone No. | | |
| Home Phone No. | | |

NAME:- _____ (PARENT/GUARDIAN)

RELATIONSHIP TO CHILD:- _____

SIGNED:- _____ (PARENT/GUARDIAN)

DATE:- ____/____/____

NAME:- _____ (PARENT/GUARDIAN)

RELATIONSHIP TO CHILD:- _____

SIGNED:- _____ (PARENT/GUARDIAN)

DATE:- ____/____/____

SAMPLE LETTER TO PARENTS / GUARDIANS

BLACKWOOD CAMP

Date:- / /

Dear Parents/Carers

Please find attached the following forms for your child's camp at Blackwood SSOEC.

1. Confidential Medical Report for Camps and Excursions to be returned to school by:-
2. Transport Form to be returned to school by:-
3. Medication Chart - to be completed & returned (if required) with medication on the day of departure for camp and handed to the teacher.
4. Clothing List - please take particular note of the requirements.

Also don't forget a hearty, healthy morning tea, lunch and drink/s (Prima/water) in a disposable bag for day one. You may send \$..... in a named envelope as pocket money to purchase a drink and/or ice cream at the local shop.

If you have any queries please contact me at school.

Yours sincerely

Teacher in Charge of Camp

School Principal

Appendix 5 - Courteous of Noble Park Special Developmental School

CONFIDENTIAL MEDICAL INFORMATION FOR SCHOOL COUNCIL APPROVED EXCURSIONS

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

| |
|-----------------------------------|
| EXCURSION/PROGRAM NAME:- _____ |
| DATE(S):- FROM:- _____ TO:- _____ |

STUDENT'S FULL NAME.....

DATE OF BIRTH..... CLASS

EMERGENCY CONTACT

PARENT/GUARDIAN NAME(S).....

ADDRESS.....

PHONE HOME..... BUSINESS.....

MOBILE.....

ANOTHER CONTACT (in the event that parent/guardian can not be contacted)

NAME.....RELATIONSHIP.....

PHONEMOBILE.....

Details of doctor, hospital and/or medical cover

Family Doctor's Name.....Phone.....

Doctor's Address:- _____

Medicare Number:- _____ Ambulance Cover:- Yes / No M/ship No:- _____

Name of Hospital Fund.....Contribution Number.....

Pension Number Healthcare Card Number.....
(if applicable) (if applicable)

Is this the first time your child has been away from home? YES / NO

Swimming ability

Please circle the distance your child can swim comfortably.

Cannot swim Weak swimmer (less than 50 metres)

Does your daughter / son suffer from:-
(Please circle)

1. **EPILEPSY** YES / NO

2. **ASTHMA** YES / NO

3. **DIABETES** YES / NO

4. **ALLERGIES** YES / NO
(food, penicillin, stings etc.)

5. **OTHER** YES / NO

.....
(Please describe)

What special care is recommended?

Tetanus Immunisation – Year of last tetanus immunisation?

Medication – Is your child presently taking tablets and / or medicine? YES / NO **Weight:** kgs

If **YES** please state name of medication, dose and describe when and how it is to be taken.....

We / I give permission for our / my child..... to be given an analgesic eg. Panadol should the need arise.

SIGNED (PARENT/GUARDIAN) DATE

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required.

Medical Consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above)

Date

The department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program commences.

| <u>SCHOOL USE ONLY</u> | |
|---|----------|
| Individual Management Plan to be Attached | YES / NO |
| Individual Management Plan to be Attached | YES / NO |
| Individual Management Plan to be Attached | YES / NO |
| Individual Management Plan to be Attached | YES / NO |

MEDICATION CHART

Name:- _____

Camp:- _____ Date:- ____/____/____

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | | | | | | | | |
|---|----------|---------|-----------|----------|-----------|----------|--------------|----------|--|--|--|--|--|
| Breakfast <table border="1"> <tr><td>Time</td><td></td></tr> <tr><td>Dosage</td><td></td></tr> <tr><td>With Food</td><td>YES / NO</td></tr> <tr><td>Without Food</td><td>YES / NO</td></tr> </table> | Time | | Dosage | | With Food | YES / NO | Without Food | YES / NO | | | | | |
| Time | | | | | | | | | | | | | |
| Dosage | | | | | | | | | | | | | |
| With Food | YES / NO | | | | | | | | | | | | |
| Without Food | YES / NO | | | | | | | | | | | | |
| <u>Mid Morning / Before Lunch</u> <table border="1"> <tr><td>Time</td><td></td></tr> <tr><td>Dosage</td><td></td></tr> <tr><td>With Food</td><td>YES / NO</td></tr> <tr><td>Without Food</td><td>YES / NO</td></tr> </table> | Time | | Dosage | | With Food | YES / NO | Without Food | YES / NO | | | | | |
| Time | | | | | | | | | | | | | |
| Dosage | | | | | | | | | | | | | |
| With Food | YES / NO | | | | | | | | | | | | |
| Without Food | YES / NO | | | | | | | | | | | | |
| Lunch <table border="1"> <tr><td>Time</td><td></td></tr> <tr><td>Dosage</td><td></td></tr> <tr><td>With Food</td><td>YES / NO</td></tr> <tr><td>Without Food</td><td>YES / NO</td></tr> </table> | Time | | Dosage | | With Food | YES / NO | Without Food | YES / NO | | | | | |
| Time | | | | | | | | | | | | | |
| Dosage | | | | | | | | | | | | | |
| With Food | YES / NO | | | | | | | | | | | | |
| Without Food | YES / NO | | | | | | | | | | | | |
| Afternoon / Before Tea <table border="1"> <tr><td>Time</td><td></td></tr> <tr><td>Dosage</td><td></td></tr> <tr><td>With Food</td><td>YES / NO</td></tr> <tr><td>Without Food</td><td>YES / NO</td></tr> </table> | Time | | Dosage | | With Food | YES / NO | Without Food | YES / NO | | | | | |
| Time | | | | | | | | | | | | | |
| Dosage | | | | | | | | | | | | | |
| With Food | YES / NO | | | | | | | | | | | | |
| Without Food | YES / NO | | | | | | | | | | | | |
| Dinner <table border="1"> <tr><td>Time</td><td></td></tr> <tr><td>Dosage</td><td></td></tr> <tr><td>With Food</td><td>YES / NO</td></tr> <tr><td>Without Food</td><td>YES / NO</td></tr> </table> | Time | | Dosage | | With Food | YES / NO | Without Food | YES / NO | | | | | |
| Time | | | | | | | | | | | | | |
| Dosage | | | | | | | | | | | | | |
| With Food | YES / NO | | | | | | | | | | | | |
| Without Food | YES / NO | | | | | | | | | | | | |
| Evening / Before Bed <table border="1"> <tr><td>Time</td><td></td></tr> <tr><td>Dosage</td><td></td></tr> <tr><td>With Food</td><td>YES / NO</td></tr> <tr><td>Without Food</td><td>YES / NO</td></tr> </table> | Time | | Dosage | | With Food | YES / NO | Without Food | YES / NO | | | | | |
| Time | | | | | | | | | | | | | |
| Dosage | | | | | | | | | | | | | |
| With Food | YES / NO | | | | | | | | | | | | |
| Without Food | YES / NO | | | | | | | | | | | | |

SAMPLE CAMP PAYMENT OPTION

BLACKWOOD CAMP

Date:- / /

Dear Parents/Carers

Preparations are well under way for our camp at Blackwood. The cost of the camp is \$..... which includes accommodation, food, transport, and all activities as previously advised.

Attached is a form for payment of the camp. When sending in the money it would be appreciated if you could fill in the appropriate slip and place it and the money in a named envelope. **You can pay by four installments of \$..... as per the dates or pay the \$..... in full by:-**

More information will be sent home shortly for you to read and forms to sign and return to school.

The staff and students are looking forward to an enjoyable and exciting camp. If you have any queries please contact me at school.

Yours sincerely

Teacher in Charge of Camp

School Principal

BLACKWOOD CAMP PAYMENT

1ST INSTALMENT OF \$..... DUE BY:-

NAME.....CLASS.....

AMOUNT ENCLOSED \$ (CASH / CHQ)

SIGNED.....DATE.....

BLACKWOOD CAMP PAYMENT

2ND INSTALMENT OF \$..... DUE BY:-

NAME.....CLASS.....

AMOUNT ENCLOSED \$ (CASH / CHQ)

SIGNED.....DATE.....

BLACKWOOD CAMP PAYMENT

3RD INSTALMENT OF \$..... DUE BY:-

NAME.....CLASS.....

AMOUNT ENCLOSED \$ (CASH / CHQ)

SIGNED.....DATE.....

BLACKWOOD CAMP PAYMENT

4TH INSTALMENT OF \$..... DUE BY:-

NAME.....CLASS.....

AMOUNT ENCLOSED \$ (CASH / CHQ)

SIGNED.....DATE.....

Appendix 8 - Courteous of Noble Park Special Developmental School

SAMPLE STUDENT TRANSPORT FORM

Please tick the correct box and return to school.

STUDENT'S NAME:- _____

My child will come to school by **BUS** on:-

I WILL BRING my child to school on:-

My child will go home **ON THE SCHOOL BUS** at the usual time on:-

I will **PICK UP MY CHILD** from school on:-

NAME:- _____ (PARENT/GUARDIAN)

RELATIONSHIP TO CHILD:- _____

SIGNED:- _____ (PARENT/GUARDIAN)

DATE:- ____/____/____