Dear Parents, Carers and Students

22nd February 2015

EAST COSTORD 2239
Russell Mussel Street
St Joseph's Catholic College

Year 9 Camp 2016
Please read carefully, complete and sign the attached documentation.

Leader of Student Wellbeing
Cathy Weby

Leader of Year 9
Lisa Parsons

Yours sincerely,

February, the Year 9 Pastoral Team are looking forward to a wonderful camp. Please complete and return all forms to your daughter's pastoral teacher by Monday 29th. Confidence, learn more about themselves and, most importantly, have a lot of fun!

This will be a great opportunity for students in Year 9 to build new friendships, develop their self-confidence, learn more about themselves and, most importantly, have a lot of fun!

Students board the bus on Wednesday morning. Please place any medication your daughter is required to take in a plastic bag clearly labelled with your daughter's name and the instructions for administration. Medication packs will be handed to me before departure and all instructions for administration followed. Take responsibility for any valuables lost whilst on camp.

Mobile phones, iPods, computer, valuables and keys are the responsibility of the student. Students are advised that mobile coverage is weak and to leave mobile phones at home. Students are advised to ensure they have their own USB chargers.

The total cost of the camp includes transport, activities, accommodation and meals. It appears on your Term 1 school fees account. Payment is due by 25th April 2020.

1. Girls, please organise to catch their usual school bus home. It should arrive around 6pm. Please be prompt.
Signature: ____________________________

Date: ________________________________

Full Name of Parent / Guardian: ____________________________

I agree / do not agree to allow the Great Aussie Bush Camp to use any photographs, sound and/or film recordings taken of my child while they are at camp for the promotion of this facility in the media and advertising programs.

Cross one whichever does not apply:

( ) Media Consent

Signature: ____________________________

Date: ________________________________

Full Name of Parent / Guardian: ____________________________

I understand that the Great Aussie Bush Camp will not be responsible for any medical treatment rendered, unless it is deemed necessary. If any necessary medical treatment need to be rendered, I agree to be contacted. In the event of an emergency, and I am unable to be contacted, I authorize for my child to receive any medical treatment rendered at the Camp at the discretion of the Camp’s employees, agents and contractors. I further understand that the Great Aussie Bush Camp and its employees, agents and contractors assume no financial or legal responsibility for any accident, injury or personal injury to my child. I agree to my child / child’s participation in all the activities at the Great Aussie Bush Camp.

I agree to my child / child’s participation in all the activities

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Parent or Guardian Consent / Activity Restrictions

Name of School:

School Year:

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In relation to any proposed water or swimming activities, my child's name:

<table>
<thead>
<tr>
<th>Water or Swimming Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have any allergy requirements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any medical requirements?</td>
<td></td>
<td></td>
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</tbody>
</table>

Does your child sleep walk?

Does your child wet the bed?

If yes, when was the last booster given?

Is your child's immunisation up to date, including tetanus?

Has your child had any major surgery? If yes, please specify.

Has your child been treated by a doctor in the past four weeks?

Has your child suffered from any acute illness in the past four months? If yes, details.

Teachers will collect and administer all medication.

Regulations require that all medication must be provided in the original container / packaging.

<table>
<thead>
<tr>
<th>Time</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Do</td>
<td>Do</td>
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<td>Time</td>
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</tbody>
</table>

Medication Name

Time and dosage – Please specify exact time of medication

School: ____________________________

Student Name: ____________________________

Current Medication / Dietary Requirements

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Date: __/__/____

Parent / Guardian Signature: __________________________

Yes ☐ No ☐ Does your child suffer from any chronic illness / injury / allergies?

Yes ☐ No ☐ Does your child require regular medication?

Yes ☐ No ☐ Is your child in good health?

Health Fund member number: __________________________

Privately Health Fund Name: __________________________

Ambulance Cover: ☐ Yes ☐ No

Student Number on card: ____________________________

Student Name on Card: _____________________________

Medicare Number: ____________________________

Expiry Date: ____________________________

Home Phone: ____________________________

Work Phone: ____________________________

Mobile Phone: ____________________________

Full Name of Parent / Guardian Details:

Other Contact ☐ Mother / Guardian ☐ Father / Guardian ☐

Please tick: ☐ Mother / Guardian ☐

Parent / Guardian Details:

☐ Female ☐ Male

Date of Birth: __/__/____

Postcode: __________________________

Address: __________________________

Surname: __________________________

Given Name: __________________________

Student Details:

Name of School: __________________________

School Year: __________________________

Medical and Consent Form - Child