



Holy Cross College, Ryde

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www.holycrosscollege.org

Year 9 Camp – 2017

Dear Parents,

Year 9's Outdoor Education Camp will be conducted at Camp Wombaroo campsite from **Monday 7th to Thursday 10th August (Week 4)**. This experience is designed to give Year 9 boys a rigorous camping and exploration experience and assist their development into responsible, resilient young men. The camp will also allow the boys to engage in activities that most will be new to and also assist their personal growth by developing a greater awareness and acceptance of others, to accept challenges of outdoor education and to help develop a greater community spirit within the year group.

The camp involves group activities that are based around Exploring, Bushwalking, Water Activities, Camping and a range of Challenges. These activities are designed to suit a range of fitness levels and the young men have been allocated into groupings based on their own assessment of their physical fitness. This camp has been an outstanding success in previous years and we look forward to a great time for all. The Year 9 camp is definitely one of the highlights of the school year.

Transport is by coach and meals include breakfast, ration packs for lunch during the day, dinner and supper. We will leave the College at 8:30am on Monday 7th August and return at approximately 11:30 am, Thursday 10th August. Experienced staff members will be present throughout the duration of the camp and at all activities. Qualified instructors will run each activity and qualified first-aid personnel will also be present at all times. Year 9 students will be sleeping in tents and cabins and attached is a guide for what the boys are required to pack for the trip. Please also find attached a medical register which is to be completed and handed back by **Thursday 20 July**.

Attendance at the camp by all students is compulsory. This is a tremendous opportunity for your son to mix with his peers outside of the normal school environment and develop his self-esteem, social skills and most importantly, make new friends.

The cost of the camp is included in your school based charges on your Fee Statement.

There are several forms attached to this letter, which must be read, signed and returned to the College by **Thursday 20 July**. **These forms need to be returned to your son's HCT teacher.** Please read these documents very carefully and sign all the necessary consent forms.

Finally in recognition of the intensity of the four days at camp, Friday 11th August will be a rest day for the Year 9 students

I look forward to an exciting and rewarding camp.

Yours Sincerely,



Mrs. Natalie Russell
Year 9 Coordinator



Mr Michael Reid
Assistant Principal



Permission to Attend Camp

I give my son,
....., of HCT group 9.....

Permission to attend the *Holy Cross College, Year 9 Camp* to be held at **Camp Wombaroo**,
162 Black Spring Rd, High Range NSW, from Monday 7th August- Thursday 10th August.

I understand that all care will be taken by the staff of *Holy Cross College, Ryde* and the staff of *Camp Wombaroo* for my son and all other students of the College whilst attending and participating in the activities provided. In the event of an accident or illness, I authorise the staff of *Holy Cross College* and/or *Camp Wombaroo* to seek the nearest Medical treatment for my son.

Signature: _____
(Parent/Guardian)

Date: _____



Student Contract

I agree to obey and respect the teachers and instructors at the *Holy Cross College Year 9 Camp, 2016*. I will work hard to create harmony throughout the duration of the camp and I will respect other students at all times. I will contribute to the workload at the camp and do my share of the preparation of the meals and activities.

I will NOT break the hands off policy with either people or their property and I will try to encourage other students in all activities. I acknowledge that normal school rules and expectations extend to this camp.

I fully understand that if I fail to behave in the appropriate manner and/or I do not follow the rules of the camp, I will receive the appropriate consequences. This may include non-participation in activities, community service, being returned home, parental interview and/or suspension from the College on return to school.

Signature: _____
(Student)

Signature: _____
(Parent/Guardian)

Date: _____

Student Medical Form

The purpose of this form is to help us adequately prepare for your child's program. This information is confidential and students will not normally be excluded for medical reasons. **(PLEASE COMPLETE IN FULL IN BLACK OR BLUE INK)**

SCHOOL:..... Form / Class:.....

STUDENT NAME:..... D.O.B:...../...../..... Male Female

Parent or Guardian – Primary Emergency Contact:

Name:..... Relationship:.....

Phone: (Home)..... (Work):..... (Mobile):.....

Medicare No:.....	Doctor's Name:.....
Line #:..... Valid to:.....	Telephone:.....
MEDICAL HISTORY	Please tick Yes or No to all questions <i>Additional information: Details regarding; seriousness, location, date, level of recovery, self-management strategies, required support</i>

Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If YES, complete the 'Asthma Management Form'
Allergies	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If YES, complete the 'Allergenic Reaction Management Form'
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If YES, attach current management / care plan. A 'Fitness to Participate' form signed by treating doctor will also be required.
Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If YES, a 'Fitness to Participate' form signed by treating doctor will also be required. Include information on triggers, last episode, medications.
Joint/Muscle/Skeletal issues	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Sight/Hearing Impairment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Any serious injuries/illness in the last 12 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Date & Nature of injury / illness</i>
Is your child currently on any medications?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Name of medication, dosage & requirements (e.g. with food, AM or PM)</i>
Other medical condition that may affect participation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Any physical health issue(s) that require attention or special support?</i>
Other: learning issues; psychological, emotional or behavioural issues?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Any concern(s) that require attention or specific support (e.g. management strategies for a successful experience)</i>

DIETARY Any special requirements?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Details to assist in menu planning (e.g. vegetarian, will eat fish; gluten-free, separate stove)</i>
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SWIMMING ABILITY My child can swim 50metres	<input type="checkbox"/> No	<input type="checkbox"/> with a struggle	<input type="checkbox"/> comfortably	<input type="checkbox"/> strongly
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Please note: OEG may require, after reviewing this information, that your child visits a doctor to gain approval to participate. This will be determined after this form is received by OEG and in consultation with you.

Office Use Only:

I declare that the information which I have provided on this form is complete and correct and that I will notify the school if any changes occur. I authorise the teacher or any employee of the Outdoor Education Group who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for OEG to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child. I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per the Privacy Policy documented on our website: (oeg.org.au).

Name:..... Signature:..... Date:.....

Photograph Consent: I consent to my child being photographed and/or visual images of my child being taken during activities, for use in OEG publications, on the OEG website, or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation. *(Please strike out this sentence if you do not consent)*

Student Evaluation Consent: I give consent for my child to complete the pre and post program course evaluation survey as part of the Outdoor Education Group continuous improvement process. Survey available at oeg.org.au. *(Strike out this sentence if you do not consent)*



Asthma Management Form

Confidential

Participant's Name:

Name of doctor treating the participant for this condition:

Doctor's Contact Phone Number:

1) USUAL ASTHMA ACTION PLAN

Usual signs of participant's asthma:

- Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Signs participant's asthma is getting worse:

- Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Participant's Asthma Triggers:

- Cold/flu Exercise Smoke Pollens Dust Other (please describe) _____

ASTHMA MEDICATION REQUIREMENTS (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer, turbuhaler)	When and how much? (e.g. 1 puff in morning and night, before exercise)

Does the participant need assistance taking their medication? Yes No If yes, how? _____

Any other information that will assist with the asthma management of the participant while on camp

e.g. peak expiratory flow, night time asthma or recent attacks

2) ASTHMA FIRST AID PLAN (Please tick preferred Asthma First Aid Plan)

School Asthma Policy for Asthma First Aid

Step 1. Sit the person upright

- Be calm and reassuring
- Do not leave them alone.

Step 2. Give medication

- Shake the blue reliever puffer
- Use a spacer if you have one
- Give 4 separate puffs into a spacer
- Take 4 breaths from the spacer after each puff

*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer.
 Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them.

Step 3. Wait 4 minutes

- If there is no improvement, repeat steps 2.

Step 4 If there is still no improvement call emergency assistance (**DIAL 000**).

- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance

Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse.

OR

Participant's Asthma First Aid Plan (if different from above)

- In the event of an asthma attack, I agree to the participant receiving the treatment described above.
- Notify in writing if there are any changes to these instructions.

3) KEY QUESTIONS

a. Has asthma interfered with participation in physical exercise within the past 12 months	NO	[]	YES	[]
b. Has the participant required hospitalization due to asthma in the past 12 months?	NO	[]	YES	[]
c. Has the participant been on oral cortisone for asthma within the past 12 months (e.g. Prednisone, Cortisone, etc)?	NO	[]	YES	[]
d. Has the participant suffered sudden severe asthma attacks requiring hospitalisation within the past 12 months?	NO	[]	YES	[]
e. Does the participant require the use of a nebulising pump as a part of your regular or emergency asthma treatment?	NO	[]	YES	[]

4) IMPORTANT NOTES

If any of the "KEY QUESTIONS" a, b, c, d, or e above are answered "Yes", the decision for the participant to attend rests with their Doctor. A "Fitness to Participate" form must be completed by the Doctor (attached). Please bring this form to the Doctor with you.

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct and that I will notify the school if any changes occur. I further declare that if my child (or I for adults) is unable to self administer supplied medication, I give permission for trained OEG staff to administer the supplied emergency medication. I give permission for OEG to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.org.au).

Name: _____ Signature: _____ Date: _____



Allergenic Reaction Management Form

Confidential

If necessary, seek the advice of your doctor when completing this form.

A DOUBLE DOSE OF ALL MEDICATION REQUIRED FOR THE PARTICIPANT'S ALLERGIC REACTION, MUST BE BROUGHT ON THE COURSE AND NOTED ON THE MEDICAL FORM. E.G. (if Epi-pens or any other type of Auto Injector is required 2 x must be supplied and brought to camp).

Student Name:

Name of doctor treating the student for this condition:

Doctor's Contact Phone Number:

1. What is the student allergic to?

Bites: Foods: Medications: Stings: Other:

Please Specify (e.g. Alex is allergic to penicillin and sulphur-based medications):

2. What are signs and symptoms of the person's reaction?

- Low** - a localised reaction (rash, itching, swelling at the site the poison/irritant enters)
- Moderate** - a systemic reaction (rash, itching, swelling away from the site that poison/irritant enters)
- Severe** - an anaphylactic reaction (severe breathing problem, total body swell, emergency situation) - **Note: An ASCIA Anaphylaxis Action Plan AND Fitness to Participate Form is required**

Please give details:

3. What medication does the participant take (if any) for their allergic reaction?

4. Medication and treatment to be used during emergency situations:

"KEY QUESTIONS"

5	Has the participant required hospitalisation due to allergies in the past 12 months?	NO	[]	YES	[]
6	Has the participant suffered a systemic or an anaphylactic reaction (see question 2 for definition), to their allergy when triggered in the last 10 years?	NO	[]	YES	[]
7	Does the person take, or has the person been prescribed, adrenaline (Epi-pen or similar), when suffering an allergic reaction?	NO	[]	YES	[]

IMPORTANT NOTES:

If any of the "KEY QUESTIONS" 5, 6 or 7 above are answered "Yes", the decision for the participant to attend rests with their Doctor. A "Fitness to Participate" form must be completed by the Doctor (attached). Please bring this form to the Doctor with you.

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct. I further declare that if my child (or I for adults) is unable to self administer supplied medication, I give permission for trained OEG staff to administer the supplied emergency medication. I give permission for OEG to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.org.au).

Name: _____ Signature: _____ Date: _____



Fitness to Participate Form

Confidential

School Name: _____ Year Level: _____

Name of Participant: _____ D.O.B. _____

Specific Medical Condition: (e.g. Asthma, Allergies) _____

Notes to treating Doctor

This patient is scheduled to participate in an Outdoor Education program and has self-identified a pre-existing medical condition on their medical form.

Outdoor Education programs with OEG are centred in a 'semi-wilderness' setting, meaning that professional medical care may be from 1 to 6 hours away. All programs include regular physical exercise and activities may include bushwalking (with packs), camping, cycling, rock climbing or canoeing. We operate in all weather conditions.

(Should you require any further information on the program, please contact us at (02) 4878 5393 and quote the name of the client organisation and year level listed at the top of this page)

OEG staff hold a Wilderness First Aid qualification (minimum of 7 days training). This training is based on assessing and treating a patient in a remote or wilderness setting. For more information see <http://www.wms.org/>

Doctor to complete:

Based on this information above and the patient's condition, we ask that you decide on this person's suitability to participate in the upcoming program. If approved, please include specific treatment protocols to follow in the event of an emergency.

Do you approve this participant attending an Outdoor Education program, based on their current medical condition, coupled with the demands of the program?

Yes

No

What treatment protocol are you willing to authorize for this patient in the case of a medical emergency, in a remote location (i.e. one or more hours away from medical care)?

What should the OEG staff managing this participant in the field be informed/aware of, in regards to the particular situation for this patient? What are the recommended parameters for participation in the activities?

Name of Doctor: _____ Phone: _____

Signature of Doctor: _____ Date: _____

I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.org.au)

<p style="text-align: center;">Student Information Year 9 Camp Wombaroo Monday 7th August- Thursday 10th August</p>
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Location:

Camp Wombaroo is located on Black Spring Rd off Wombeyan Caves Road in High Range, and adjacent to Jellore State Forest. High Range is about 15 minutes outside of Mittagong in the Southern Highlands. Please note: there is no access to Camp Wombaroo via Soapy Flat Road. Please continue along Wombeyan Caves Rd until you reach Black Spring Road.

Transport:

Students will be travelling by coach supplied by the College.

Facilities:

Camp Wombaroo has flush toilets, tank water and hot showers.

Accommodation:

Students will be staying in tents that are provided by Camp Wombaroo for 1 night and cabins for the other 2 nights. There will be a maximum of 3 persons per tent.

Weather:

The weather and temperature can be extremely cold. Therefore, adequate clothing, tents and sleeping bags are essential (see equipment list). Strong winds and minus temperatures are a common occurrence at this time of year.

Hygiene:

Personal hygiene is always important but even more so on camp. Sickness can spread rapidly and spoil a camp very quickly.

Students are expected to:

- shower each day
- wash their hands before all main meals
- wash their hands after going to the toilet
- wash their plates and cutlery after each meal
- not share any eating utensils, plates or water bottles

The obvious has been stated, but camp is no fun when people are sick and we are a long way from home.

Meals:

The first meal provided will be lunch on Monday afternoon and the last meal will be breakfast on Thursday. Ration packs will be provided to students for their Morning Tea / Lunch / Afternoon tea. Breakfast and Dinner will be communal meals that Camp Wombaroo staff will cook.

General Store:

There are no shops.

Activity Program:

Camp Wombaroo offers a unique adventure opportunity; an 'ABC' combination of Abseiling, Bushwalking and Caving will provide memories that will last a lifetime. At the end of a long day, an evening campfire provides the focus for relaxation, stories and conversation.

Please Note:

Students will be exposed to activities that:

- require ***physical exertion*** such as sustained walking on steep gradients, climbing/crawling in confined spaces, Bushwalking and Building of a Raft.

It is important that you inform the College of any illness/injury/condition that may limit your involvement in these activities. This does not necessarily prevent your participation.

Activity Groups

There will be EIGHT activity groups of approximately 15 students plus a minimum of 1 trained guide and 1 assistant per group

**Please look at the What to Bring – Camp Wombaroo checklist to
ensure you have ALL items.
CLEARLY Label ALL items.**

ESSENTIAL ITEMS CHECKLIST		
ITEM	NOTES	PACKED
3 x t-shirt	Offer best sun protection & singlets aren't comfortable when wearing harnesses	<input type="checkbox"/>
2 x Long sleeved shirt	Long sleeves are required for some activities e.g. Archery	<input type="checkbox"/>
3 x Warm jumpers	Wool or polar-fleece will stay warm if wet.	<input type="checkbox"/>
3 x Shorts	Mid-thigh or longer because of sun exposure and harnesses.	<input type="checkbox"/>
4 x Underwear		<input type="checkbox"/>
5 x Socks	1 pair per day, plus one extra. Thick woollen socks are great when hiking.	<input type="checkbox"/>
Swimmers	Boardies and a rash top will give best sun protection.	<input type="checkbox"/>
Sleepwear		<input type="checkbox"/>
1 x Pair Thermals	Polypropylene or merino. Long sleeve, long pants.	<input type="checkbox"/>
Sunglasses		<input type="checkbox"/>
Beanie & Gloves	It can get chilly at night	<input type="checkbox"/>
Sturdy enclosed shoes	Training shoes are fine for general wear. Something more robust with ankle support if hiking	<input type="checkbox"/>
Shoes (spare)	Enclosed shoes for water activities that you don't mind getting wet. Not crocs or thongs please.	<input type="checkbox"/>
Pillow and Pillow Case		<input type="checkbox"/>
Sleeping Bag	A three season bag should be appropriate at any time of year.	<input type="checkbox"/>
Sleeping mat	Closed cell foam mat. Generally quite cheap from camping stores.	<input type="checkbox"/>
2 x Towel	A minimum of two	<input type="checkbox"/>

Toiletries	Anti-perspirant roll on Deodorant, Shampoo, Soap, etc	<input type="checkbox"/>
Toilet paper	2 x roll in a zip lock bag (waterproof)	<input type="checkbox"/>
Mess kit	Plastic cup, bowl, plate. knife, fork, spoon. Tea towel.	<input type="checkbox"/>
Cleaning kit	Ziplock bag containing 3-4 'Jex' pads and 2-3 green scourers.	<input type="checkbox"/>
Day Pack / Small Bag	To carry your water bottle, jacket, camera etc.	<input type="checkbox"/>
Rain Jacket	Waterproof with a hood.	<input type="checkbox"/>
Small Torch	Spare batteries might be useful.	<input type="checkbox"/>
8 x Garbage Bags	4x large heavy duty (orange) bags, 4x medium heavy duty (black) bags	<input type="checkbox"/>
Sunscreen	30+ SPF	<input type="checkbox"/>
Sunhat	Wide brim please.	<input type="checkbox"/>
Sunglasses		<input type="checkbox"/>
Water Bottle	A 2L bottle is best (An old plastic bottle is fine!)	<input type="checkbox"/>
Insect Repellant	Non aerosol is preferred.	<input type="checkbox"/>
Pen/pencil/notebook		<input type="checkbox"/>
Camera	Optional- Please note though this is your responsibility	<input type="checkbox"/>
Medication	You must bring at least two doses of any prescribed medication.	<input type="checkbox"/>
<u>CLEARLY Label ALL items.</u>		
ITEMS <u>NOT</u> TO BRING: WE CAN NOT OFFER SECURE STORAGE AND ARE NOT RESPONSIBLE FOR THE FOLLOWING ITEMS		
Jewelry	Mobile Phones, Laptops, Ipads, Ipods, etc	