



Friday, 7 December 2018

Dear Parent/Guardian,

Please find below details for the Year 7 Camp for 2019, which will take place in early Term 1. Students will spend four days participating in a range of land and water based team-building activities. These activities have been designed to establish friendships within the year level and broaden each student's knowledge of our school.

Activity details:

Morning briefing: 6.40 am Monday 11th February at Halse Hall

Departure: 7.00 am Monday 11th February from the Main Administration Building

Return: 3.00 pm on Thursday 14th February to the Main Administration Building

Transportation: Coach and ASSG vehicle

Activities: Canoeing, abseiling, raft building, group challenge, swimming & mixed games

Risk Level: Medium to High

Accommodation: Dormitories and permanent tents – students need to bring own linen (**NO** swags)

Camp Provider: Camp Fairbairn Outdoor Education Centre, Emerald

Teacher supervision: Core Year 7 Teachers (to be confirmed upon return to school)

Cost: The levied cost of the camp, including transport, all meals and scheduled activities is included in your school fees.

Please return the attached forms to Flo King fking@allsouls.qld.edu.au by **Tuesday 22nd January 2019**.

If you have any queries or concerns regarding 2019, please do not hesitate to contact me. I look forward to seeing you next year!

Yours sincerely

Mr Jon Teichmann
Head of Enrolments and Marketing
jteichmann@allsouls.qld.edu.au



2019 Year 7 Camp Consent Form

To be returned

To: Flo King

Email: fking@allsouls.qld.edu.au

Fax: 07 4787 8565

By: 22 January, 2019

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- I have read all of the information contained in this form about the activity.
- I give consent for my child, _____
(print child's name), to participate in the activity detailed above.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school with all relevant details relating to my child's medical or physical needs on enrolment and where relevant, have updated this information.

Please tick the box which best describes your child's swimming ability:

- Unable to swim
- Able to tread water
- Able to swim 20 metres
- Comfortably able to swim 50 metres or more

Parent/Carer Name: _____
(Please Print)

Parent/Carer Signature: _____

Date: ____/____/____



ESSENTIAL EQUIPMENT AND CLOTHING LIST

Camp Fairbairn

	Check	Item	Notes
Wearing		Hat	Mandatory. Wide-brimmed or bucket. Bring a spare.
		Shorts/Shirts	Sunsmart and consider the likely temperatures. Do not bring expensive clothing
		Underclothing	Bring some spares
		Pyjamas	Strongly recommended
		Jumper	1 will be enough
		Socks	Thick socks recommended
		Togs/ wet clothes	Sunsmart
		Towel	2 may be required (1 shower & 1 swimming)
		Shoes	Closed in shoes
		Wet Shoes	Old sneakers/wet shoes –must be closed toe
	Eating (in a drawstring bag)		Cutlery
		Crockery	PLASTIC plate, bowl, cup
		Tea towel	For your dishes
		Water bottle	No water bottle = no activities
Sleeping (<i>mattresses supplied by centre</i>)		Sleeping bag/Blankets	Consider likely temperature and weather
		Sheets	Recommended (inner sheet for sleeping bag)
		Pillow	Optional
Toiletries		Toilet bag	Soap, toothbrush & paste, deodorant, etc.
		Small first aid kit	Band-aids, personal medication etc.
Miscellaneous		Sunscreen	
		Insect repellent	Recommended
		Torch	Small one recommended
		Camera	Optional
		Notebook and pencil	Recommended
		Musical instrument	Optional for campfire

Students will not be permitted to participate in activities without:

- **A broad-brimmed or bucket hat (NOT a cap)**
- **Sleeved shirt preferably with collar (no singlets)**
- **Sunscreen**
- **Closed in shoes (one pair for wet activities and one pair for dry activities)**
- **Water bottle**



MEDICAL HISTORY AND AUTHORISATION

STUDENT'S NAME: _____

DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN : _____

TELEPHONE CONTACTS: HOME: _____ WORK: _____ MOBILE: _____

ALTERNATIVE CONTACT - NAME: _____ PHONE: _____

MEDICAL INFORMATION: DETAILS

Allergies	YES/NO	
Asthma	YES/NO	
Is your child currently taking medication	YES/NO	

Are your child's immunisations, including Anti-tetanus up to date? YES/NO. If not, please give details:

Is your child suffering from a current injury or condition which staff need to be aware of? Yes/No. If yes, please give details:

Does your child have any special dietary requirements? Yes/No. If yes, please give details:

MEDICAL INSURANCE DETAILS:

MEDICARE CARD NO: _____

REFERENCE NO: _____ EXPIRY DATE: _____

Name of Private Health Fund: _____ Membership Number: _____

I hereby authorise the obtaining on my behalf of such medical assistance as my son / daughter may require in the event of accident or illness and guarantee to meet any costs incurred.

I authorise the administering of anaesthetic if the medical officer attending deems this necessary.

Signature of Parent/Guardian _____

Date _____

Name of Parent/Guardian _____

(These details are requested to enable contact to be made with parents/guardians in the event of an emergency and are strictly confidential)