



Wednesday, 9 December 2020

Dear Parents and Guardians,

Please find below details for the Year 7 Camp for 2021, which will take place in Week 2, 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 Tuesday 02 February at Halse Hall (Dining Hall)  
Departure: 7.00 am Tuesday 02 February from Halse Hall  
Return: 3.00 pm on Friday 05 February at Halse Hall  
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](mailto:fking@allsouls.qld.edu.au) by **Friday 22 January 2021**.

If you have any queries or concerns regarding 2021, 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**

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## ESSENTIAL EQUIPMENT AND CLOTHING LIST

### Camp Fairbairn

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

Wearing	Check	Item	Notes
		Hat	Mandatory. Wide brimmed or bucket. Bring a spare
		Shorts/shirts	SunSmart and consider the likely temperatures. Do not bring excessive 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 swimming and 1 shower)
		Shoes	Closed in shoes
		Wet shoes	Old sneakers/wet shoes – must be closed in toe
Eating (in a drawstring bag)		Cutlery	Knife, fork and spoon
		Crockery	PLASTIC plate, bowl and cup
		Tea Towel	For your dishes
		<b>Water Bottle</b>	<b>NO WATER BOTTLE – NO ACTIVITIES</b>
Sleeping (mattress supplied by centre)		Sleeping bag/Blankets	Consider likely temperature and weather
		Sheets	Recommended (inner sheet for sleeping bag)
		Pillow	Optional
Toiletries		Toilet Bag	Soap, toothbrush & paste, deodorant ( <b>NON-AEROSOL</b> ), etc.
		Small first aid kit	Band-Aids, personal medication, etc
Miscellaneous		Sunscreen	
		Insect Repellent	Recommended
		Torch	Small one recommended
		Camera	Optional
		Notebook & pencil	Recommended
	Musical Instrument	Optional for campfire	

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## **2021 Year 7 Camp Consent Form**

To: Flo King  
Email: [fking@allsouls.qld.edu.au](mailto:fking@allsouls.qld.edu.au)  
Fax: 07 4787 8565  
By: 22 January, 2021

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 the Year 7 Camp Information letter about the activity.
- I give consent for my child, \_\_\_\_\_ (print child's name), to participate in the activity detailed in the Year 7 Camp Information letter.
- 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 1 Name: \_\_\_\_\_

Parent 1 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Medical History and Authorisation:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work \_\_\_\_\_

Alternative Contact \_\_\_\_\_ Relationship to student \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work \_\_\_\_\_

### MEDICAL INFORMATION:

Please give full details for each of the following (e.g. severity, medication, Date of last attack/operation/injury)

### IMMUNISATION:

Are you child's tetanus immunisations up to date?  Yes  No

Date of last tetanus booster? \_\_\_\_\_

Are all other immunisations up to date?  Yes  No

If **NO**, please provide details? \_\_\_\_\_

### CURRENT AND PRESCRIBED MEDICATIONS:

Medication & Dosage \_\_\_\_\_

Reason for use: \_\_\_\_\_

Instructions for use: \_\_\_\_\_

Medication & Dosage \_\_\_\_\_

Reason for use: \_\_\_\_\_

Instructions for use: \_\_\_\_\_

Medication & Dosage \_\_\_\_\_

Reason for use: \_\_\_\_\_

Instructions for use: \_\_\_\_\_

**PAIN RELIEF:**

Permission to administer paracetamol:	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
Permission to administer Ibuprofen:	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
Permission to administer antihistamine:	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

**ASTHMA:**

Does your child suffer from Asthma?	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
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Severity: \_\_\_\_\_

Has your child been hospitalised with asthma?	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
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When: \_\_\_\_\_

Frequency: \_\_\_\_\_

Medication & Dosage \_\_\_\_\_

Instructions for use: \_\_\_\_\_

**MEDICATION & DRUG ALLERGIES:**

Allergic to: \_\_\_\_\_

Allergic reaction: \_\_\_\_\_

How Managed: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Allergic reaction: \_\_\_\_\_

How Managed: \_\_\_\_\_

**OTHER ALLERGIES (including Anaphylaxis):**

Allergic to: \_\_\_\_\_

Allergic reaction: \_\_\_\_\_

How Managed: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Allergic reaction: \_\_\_\_\_

How Managed: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Allergic reaction: \_\_\_\_\_

How Managed: \_\_\_\_\_



**ANAESTHETIC:**

Is your child tolerant to anaesthetic?

Local:  Yes  No  Don't know

General:  Yes  No  Don't know

**DIABETES:**

Does your child have diabetes?  Yes  No

Type: \_\_\_\_\_

How Managed: \_\_\_\_\_

**NOSE BLEEDS:**

Does your child suffer from nose bleeds?  Yes  No

Frequency: \_\_\_\_\_

How Managed: \_\_\_\_\_

**TRAVEL SICKNESS:**

Does your child suffer from travel sickness?  Yes  No

Frequency: \_\_\_\_\_

How Managed: \_\_\_\_\_

**OTHER MEDICAL ISSUES OR ILLNESSES:**

Does your child have any other medical issues or illnesses?  Yes  No

Please list:  
\_\_\_\_\_  
\_\_\_\_\_

**RECENT INJURIES OR OPERATIONS:**

Has your child had any recent injuries or operations?  Yes  No

Please list:  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL DIETRY REQUIREMENTS:**

Does your child have any special dietary requirements?  Yes  No

Please list:  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INSURANCE DETAILS:**

Medicare Card #: \_\_\_\_\_ Ref No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Health Care Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Name of Private Health Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

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 1: \_\_\_\_\_

Name of Parent 1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent 2: \_\_\_\_\_

Name of Parent 2: \_\_\_\_\_

Date: \_\_\_\_\_

**These details are requested to enable contact to be made with parents/guardians, to aid in the event of an emergency and are strictly confidential.**