



BUSBY PUBLIC SCHOOL

South Liverpool Road, Busby, NSW, 2168

Ph: 02 9607-7211

Email: busby-p.school@det.nsw.edu.au

Principal: Lisa Ritherdon

Dear Parents and Guardians

Your child will be attending the Wooglemai school camp in Week 9 this term. Unfortunately, due to low numbers we have had to change our plans and reduce the camp to one camp, which means both Year 5 and 6 students will attend the same camp on Monday 10th December & Tuesday 11th December 2018. As a result we will need students to complete a new permission note.

Prior to the camp all students must complete the attached medical and consent form as well as the assumption of risk form and **return these to the office by Friday 16th November**. Students who do not return the completed medical and assumption of risk forms or pay the entire amount for camp will not be attending.

A final note will be sent closer to the camp informing you of final details such as time of the departure time and return to school, organisation of medications etc.

Regards,

Mrs B. Tuddenham
Assistant Principal

Ms. L. Ritherdon
Principal

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WOOGLEMAI ENVIRONMENTAL EDUCATION CENTRE PERMISSION NOTE

I give permission for my child _____ of class _____ to participate in the Stage 3 camp to Wooglemai Environmental Education Centre, on 10th – 11th December 2018.

I understand that travel will be by bus and that my child's attendance on this camp will only be approved if they adhere to the school's behaviour expectations.

I understand activities at the camp will include archery, a high ropes course and bushwalking.

Parent/Caregiver name

Parent/Caregiver signature

Date

What to pack:

Please label all clothing, towels and sleeping bag with your child's name.

- Shorts and t-shirts (Due to sun safety and activities please don't bring singlets, sleeveless or midriff tops, no short shorts or skirts)
- Socks and underwear
- Raincoat and warm jacket
- Hat, sunscreen and insect repellent
- Pyjamas
- Swimming costume and rashie shirt
- Two pairs of running shoes (one old pair to wear in the water)
- Toiletries, soap, toothbrush and toothpaste, deodorant, etc (no aerosols)
- Two towels
- Pillowcase and sleeping bag (Pillow provided)
- Day backpack
- Plastic bags for dirty or wet clothes
- Handkerchief or tissues
- Water bottle
- Torch
- Tea towel, plate, bowl, mug, knife, fork and spoon - NOT DISPOSABLE PRODUCTS



PLEASE ENSURE ALL ITEMS ARE LABELLED WITH CHILD'S NAME

Optional

Inexpensive cameras (disposable cameras). * **Please note:** *These will be the responsibility of your child during the excursion.*

Money for souvenirs in a labelled envelope. **Students should have money in an envelope with their name on it.** When children arrive at camp their money is collected by Wooglemai staff and kept safe until final assembly. This avoids disappointment if money goes missing during camp. Please see below for pricelist.

What not to bring:

- Aerosol cans (i.e. spray-on deodorant or insect repellent)
- Mobile phones and other electronic devices
- Lollies or chewing gum
- Jewellery

Wooglemai Souvenirs

Fridge Magnet	\$1 each
Pin on Badge	\$1 each
Coloured Wristbands	\$1 each
Pencil	\$1 each
Bright Coloured Ruler (Blue, Pink, Green, Orange, Yellow)	\$1 each
Gel Cap Pen	\$2 each
Pen with 4 colours (Black, Blue, Red, Green)	\$2 each
Torch Pens (Assorted colours)	\$4 each
Coffee/Tea Mugs	\$5 each
Classic Metal Pen in Gift Box	\$5 each
Water Bottle 750ml (Assorted Colours)	\$5 each
Cap (Assorted Colours)	\$6 each
Australian Made Boomerang	\$8 each





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Confidential Health Information Form

Student's name		DOB	
Home Address			
Home Ph. Number		Business/Mob. Ph. Number	
Your name: (Please print)			
Alternate emergency contact number			
Name of emergency contact:		Relationship to Student:	
Is the student covered by private medical benefits? Yes / No			
Name of Fund		Scheme Number	
Medicare Number		Name of Doctor	
Does the student receive any regular medication? Yes / No			
Details of medication			
When is it to be given?			
How is it to be administered?			
NOTE: Any medication required during the excursion should be handed to a teacher on the day of departure with written details that include the student's name, required dose, time of administration of each dose and method of administration.			
Does the student suffer from asthma? Yes / No			
Details			
Has the student received a complete course of Tetanus immunisations? Yes / No			
Date of booster injection			
Does the student have any other medical condition which would limit his / her involvement in the proposed excursion activities? Yes / No			
Details			
Are there any other details that the school needs to be aware of (eg bed-wetting, allergies, fits, travel sickness, dietary requirements)? Please advise what steps should be taken to assist your child.			
I understand that all possible care will be taken of students. However, I realise that circumstances may arise which necessitate a teacher making decisions in relation to my child's welfare without there being an opportunity to refer to me. I, therefore, agree to abide by such decisions as the teacher may take. In the case of accident or illness whereby my child is admitted to a hospital and cannot return with the group, I accept the responsibility for, and agree to pay costs as may be necessary, to return him / her to home.			
Name (please print)			
Signature		Date	



Acknowledgement of advice and confirmation of voluntary assumption of risk during "challenge activities" (archery, caving, challenge ropes course, kayaking, initiative games, mountain biking and ancillary activities).

Your child is about to undertake an adventure challenge activity with Wooglemai EEC. Adventure activities when performed correctly, applying correct techniques are relatively safe. When established safety procedures are not followed however, there are increased dangers. **We have never had a student seriously injured during any adventure activity and wish to maintain our unblemished record.**

The purpose of this document is to inform you of some potential risks involved in participating in these activities and of the conduct required during participation. Your signature on this form is required in order for your child to participate in the activity.

Please read carefully, fill in the blanks and sign.

IN PARTICULAR, I ACKNOWLEDGE THAT I HAVE BEEN ADVISED:

- 1 That challenge activities involve certain inherent risks that may include fractures, friction burns, concussion and other injuries.
- 2 That the injuries referred to in 1 may require treatment in a medical facility or hospital.
- 3 That elements of challenge activities may be conducted at a site that is remote either by time and/or distance from a medical facility or hospital.
- 4 That challenge activities can be a physically demanding activity and in such susceptible individuals may cause asthma attack, panic or hyperventilation.
- 5 That the challenge activities involves the use of equipment that may malfunction, giving rise to risk of injury.
- 6 That challenge activities necessarily involves exposure to the natural elements including but without limiting the generally hereof storm, tempest, wind, sun, loose rock, loose branches, ground holes and wild animals. Such exposure brings with it attendant risk of injury.
- 7 I further state that I am of lawful age and legally competent to sign this acknowledgment and give my written consent as parent or guardian.

I, _____ (Parent/Guardian Name)

of _____ (address)

am the legal guardian for _____ (participant).

I hereby acknowledge that I have been advised and thoroughly informed of the inherent risks of participating in adventure challenge activities or associated activities.

Signature of Parent (Guardian) Date