Dear Parents,

Grade 5/6 Camp – Weekaway 2015
Monday 23rd – Friday 27th March

The Grade 5/6 Camp at Weekaway, Lancefield is fast approaching.

Staff members attending the camp will be: Justin Mackay, Jessica Hinkins, Sally Matheou, Brett Speed, Maria O’ Connor, Nikki Van Twyver, Sonja Meeng, Bec Stolk, Andrew Bell, Geoff Gowans, Deb Wharton, John Jacobs, Shannon Young and Pauline Keogh.

We will be departing Dorset Primary School at 9.00 a.m. on Monday, 23rd March, 2015. Children are requested to be at school at 8.30 a.m. Buses will depart from the top of the school.

As stated on the "What to Bring List" children must bring their own morning tea, lunch and a drink (in a refillable drink bottle) for that first day.

The first day's activities will include an introductory walk around the campsite and Initiative Course.

Activities over the following four days will include canoeing, archery, ropes course, yabbying, flying fox, bush huts, bush rescue, bush cooking and the amazing 'Yabby Person' race!

Evening entertainment will include a night hike, games night, campfire and marshmallows night and a fantastic all-Dorset concert! All activities are designed to challenge and stimulate in a controlled environment with emphasis on fun and co-operative teamwork. The camp will provide qualified instructors for archery and canoeing.

On Friday we expect to return to school about 2.00 p.m.

Please find attached the following: Medical Form, Camp Agreement and Asthma Management Plan. These need to be returned by Wednesday 11th of March, 2015.

Discussion regarding the Camp Agreement has taken place with the children and they are aware of their responsibilities during their time at camp.
We would like to remind parents of the following:

- **Packing** Use the "What to Bring" list, and ensure that all belongings are clearly labelled. Clothing needs to be appropriate for outdoor activities and be sun smart. **Tops to cover shoulders** – No singlets, tank tops or crop tops will be permitted to be worn during outdoor activities. **Please supervise your child's packing.**

- **Sleeping** Sleeping accommodation is dormitory style in bunks, or in tents (if selected). All children must bring a sleeping bag and pillow case and own pillow if you prefer.

- **Lunch** Children must have a packed lunch and play lunch with a drink in a non breakable container for Monday. Children are to take this with them in a back pack – **please do not pack in luggage.**

- **Medicine** Must be clearly labelled and handed to Miss Hinkins before we leave on Monday morning. Children are to carry their own asthma puffers if required. Paracetamol and any other medications must also be handed to Miss Hinkins on Monday morning.

- **Medical Note** The Medical Note and Camp Agreement attached need to be returned by Wednesday 11th March 2015.

- **Special Diet** If your child has special dietary requirements that will need to be catered for (e.g. food allergies, vegetarian etc) please inform Justin Mackay by Wednesday 11th March 2015.

- **Letters** Children must bring a stamped, self-addressed envelope to school by Wednesday 11th March 2015.

- **Telephone** In case of emergency, contact with the camp can be made through the school. Children are not permitted to take mobile phones. Please note: There is no mobile phone coverage at the camp.

- **Personal Items** Cameras are permitted but are the responsibility of the child. (no ipods / ipads / iphones / itouches etc) There is no need for money to be taken as there is nowhere to spend it.

- **Arrival Time** It is expected that we will return to school on Friday 27th March at 2.00 p.m.

John Jacobs  
Principal  

Justin Mackay  
Jessica Hinkins  
Sally Matheou  
Brett Speed  
Maria O'Connor  
Grade 5/6 Teachers
Weekaway

Camp Agreement

I ............................................. promise to observe these camp rules at all times.

I will:

1. Remember good manners and consideration for other people.

2. Always stay in the camp area, unless with a camp leader.

3. Stay with my group when away from the campsite.

4. Help with the work duties of the camp.

5. Co-operate with the camp leaders in all that they ask me to do.

6. Protect the camp environment and surrounding bush areas.

Signed: ....................................................

For Parents

I have discussed this agreement with ....................................................... and am satisfied that he / she understands it fully.

I acknowledge that failure to honour the agreement in extreme circumstances may necessitate him / her being sent home early at my expense.

Signed ..................................................... Phone .........................
"What to Bring"
(Ring school in case of emergency)

1. **Monday** - cut lunch, including drink and play lunch - **do not pack into suitcase.**
2. **Be at school by 8.30 a.m.**
3. **Bedding:** Sleeping bag, pillow case, pillow (optional).
4. **Clothing:** Neat, but not your best: - please see parent reminder

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pairs of long pants</td>
<td><strong>and 2 pairs of shorts</strong></td>
</tr>
<tr>
<td>4 T-shirts/shirts</td>
<td>(shirts <strong>must</strong> cover shoulders <strong>and</strong> upper arms)</td>
</tr>
<tr>
<td>2 warm jumpers</td>
<td></td>
</tr>
<tr>
<td>Waterproof coat/parka</td>
<td></td>
</tr>
<tr>
<td>8 sets of underwear</td>
<td></td>
</tr>
<tr>
<td>Pyjamas</td>
<td></td>
</tr>
<tr>
<td>Handkerchiefs/tissues</td>
<td></td>
</tr>
<tr>
<td>Tracksuit/dressing gown</td>
<td></td>
</tr>
<tr>
<td>Socks (heaps)</td>
<td>They <strong>get wet!</strong></td>
</tr>
<tr>
<td>Sunsmart hat</td>
<td>(school hat is ideal – must be broad brimmed)</td>
</tr>
<tr>
<td>Bathers (canoeing)</td>
<td></td>
</tr>
<tr>
<td>Gardening Gloves</td>
<td>– to be used during bark hut building</td>
</tr>
</tbody>
</table>

5. **Footwear:** Please note: One pair of shoes is **not** sufficient as they **will** get wet when canoeing

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoes suitable for walking</td>
<td>(bushwalking)</td>
</tr>
<tr>
<td>Old shoes for canoeing/yabbying, etc</td>
<td></td>
</tr>
<tr>
<td>Thongs (for shower)</td>
<td></td>
</tr>
<tr>
<td>Shoes for indoor / evening activities</td>
<td></td>
</tr>
</tbody>
</table>

6. **Toilet Bag:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soap, face washer, shampoo</td>
<td></td>
</tr>
<tr>
<td>Brush/comb</td>
<td></td>
</tr>
<tr>
<td>Toothbrush and toothpaste</td>
<td></td>
</tr>
<tr>
<td>2 towels – 1 for showers / 1 for water activities</td>
<td></td>
</tr>
<tr>
<td>Deodorant (no spray cans)</td>
<td></td>
</tr>
<tr>
<td>Sunscreen (compulsory)</td>
<td></td>
</tr>
<tr>
<td>Lip Balm</td>
<td></td>
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</tbody>
</table>

7. **Torch** – For night walk. (please check batteries)

8. **Plastic Drink Bottle** (refillable)

9. **Cameras** etc are permitted but are the child’s responsibility. (no ipods / ipads / iphones / itouches etc)

10. Indoor game, novel, book. Wet weather activities.
11. Plastic bags - two large bags for soiled clothes (or spare pillow case).
12. Stamped, self-addressed envelope and paper.
(To be handed to your teacher by **Wednesday 11th March 2015**).
13. Pens, pencils and coloured pencils.
14. Dress-up gear and "props" for concert, (decided on before you go).
15. Medication - to be handed to Miss Hinkins **before** we leave, with careful instructions for use.
16. Roll on Insect repellent if needed. **(NO SPRAY CANS)**
17. **NO CHEWING GUM** as this is not permitted at the camp. One small bag of lollies O.K.

**ALL ARTICLES SHOULD BE CLEARLY LABELLED**
SCHOOL ASTHMA ACTION PLAN

This record is to be completed by parents/carers in consultation with their child’s doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child’s asthma so we can better manage asthma while your child is in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools’ Reference Guide).

Student’s Name ______________________________________________________________________

Gender M F

Age __________ Date of birth ______ / ______ / ______ Form/Class __________

Emergency Contact (e.g. Parent/Carer) __________________________ Relationship __________

Phone: (H) __________________ (W) __________________ (M) __________________

Doctor’s Name ______________________ Phone __________________

Ambulance Subscriber Yes No Subscriber number __________________________

Does this student have any other health plans? Yes No If so what are they? ________________

USUAL ASTHMA ACTION PLAN

<table>
<thead>
<tr>
<th>Usual signs of student’s asthma</th>
<th>Worsening signs of student’s asthma</th>
<th>What triggers the student’s asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheeze __________________</td>
<td>Increased signs of:</td>
<td>Exercise __________________</td>
</tr>
<tr>
<td>Tightness in chest ___________</td>
<td>Wheeze __________________</td>
<td>(refer to managing EIA)</td>
</tr>
<tr>
<td>Coughing ____________________</td>
<td>Tightness in chest ____________</td>
<td>Colds/Viruses ______________</td>
</tr>
<tr>
<td>Difficulty breathing _________</td>
<td>Coughing ______________________</td>
<td>Pollens ______________</td>
</tr>
<tr>
<td>Difficulty speaking __________</td>
<td>Difficulty breathing ____________</td>
<td>Dust ______________</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Difficulty speaking _____________</td>
<td>Other Triggers (please describe)</td>
</tr>
</tbody>
</table>

Managing Exercise Induced Asthma (EIA)

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take their blue reliever medication 5-10 minutes before warm up, then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 4 minutes. If the symptoms improve, they may resume activity. If their symptoms reoccur recommence treatment. THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES and the parent/carer should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

Does the student need assistance taking their medication? Yes No If yes, how? ________________

Asthma medication requirements usually taken: (Including relievers, preventers, symptom controllers, combination)

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Flixotide, Ventolin)</th>
<th>Method (e.g. puffer &amp; spacer, dry powder inhaler)</th>
<th>When and how much? (e.g. at home, 1 puff in morning and 1 at night, before exercise)</th>
</tr>
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</table>
SCHOOL ASTHMA ACTION PLAN

Asthma First Aid Plan

Please tick preferred Asthma First Aid Plan

☐ Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (Airomir, Asmol, or Ventolin)* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

* A Bricanyl Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable

If at any time the student’s condition suddenly worsens, or you are concerned, call an ambulance immediately.

OR

☐ Student’s Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: ___________________________________________ Date___/___/___

Doctor’s Signature: ______________________________________________________ Date___/___/___

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly® Schools Program or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or www.asthma.org.au or www.asthmafriendlyschools.org.au.
Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

| Excursion/program name: Camp Weekaway Lancefield |
| Date(s): Monday 23rd to Friday 27th March 2015 |

| Student’s full name: |
| Student’s Address: Postcode: |
| Date of Birth: Year Level: |

**Parent/Guardian’s Full Name:**

| Telephone numbers: After Hours: Business Hours: |
| Mobile Phone/s: |

**Emergency contact (Person Other than Parent/Guardian):**

*Please complete this part with another contact other than your own*

| Emergency telephone numbers: After hours: Business hours: |
| Mobile Phone: |

| Name family doctor: |
| Address of family doctor: |

| Medicare number: |

| Medical/hospital insurance fund: Member number: |

| Ambulance subscriber? □ Yes □ No If yes, ambulance number: |

| Is this the first time your child has been away from home? □ Yes □ No |

**Please tick if your child suffers any of the following:**

- Asthma (if ticked complete Asthma Management Plan)
- Bed Wetting
- Blackouts
- Diabetes
- Dizzy Spells
- Heart Condition
- Migraine
- Sleepwalking
- Travel Sickness
- Fits of any type
- Other: ____________________________________________

**Swimming ability**

*Please tick the distance your child can swim comfortably;*

- Cannot swim (0m)
- Weak swimmer (<50m)
- Fair swimmer (50 – 100m)
- Competent swimmer (100-200m)
- Strong (200m+)
**Allergies**

*Please tick if your child is allergic to any of the following:*

- [□] Penicillin
- [□] Other Drugs: _____________________________________________
- [□] Foods: _____________________________________________
- [□] Other allergies: _____________________________________________

What special care is recommended for these allergies? _____________________________________________

_____________________________

Year of last tetanus immunisation: _____________________________________________

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT)

**Medication**

Is your child taking medicine(s)?  □ Yes  □ No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

_________________________________________________________________________________

All medication must be given to the teacher-in-charge. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

**Paracetamol** (e.g. Panadol) is generally carried in the First Aid Kit.

**Do you consent to your child being offered this if the teacher in charge considers it appropriate?**

□ Yes  □ No

If yes: Dosage given: □ 1 tablet □ 2 tablets every __________ heures

**Medical consent**

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above) _____________________________________________

Date:

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

**Note:** You should receive detailed information about the excursion/program prior to your child’s participation and a Parent Consent form. If you have further questions, contact the school before the program starts.