**2016 YEAR 7 PHILIP ISLAND ADVENTURE CAMP**

Parent Information

NORTHCOTE HIGH SCHOOL

**CAMP DATES**

**7 A, B, C, D & E Monday 11th April – Wednesday 13th April**

**7 F, G, H, I, J & K Wednesday 13th April – Friday 15th April**

As part of the Core camping program at Northcote High School we will be running a camp for all Year 7 students at Phillip Island Adventure Resort in the Phillip Island. The Core camping program at Northcote High consists of the Year 7 Adventure Resort camp and the Year 8 Boho South. On completion of these camps students become eligible to access the range of optional elective camps including but not limited to our Snow camp, International camps (China, France, Italy, Greece), Duke of Edinburgh program camps, Music camps, and Landcare.

* **The total cost of the camp is $335.** This covers transport, accommodation, activities and food. If you have not completed this payment please do before **Monday 29th February**. Should payment not be processed by this date, your student will not be able to attend the camp. In the event of financial difficulties, please contact Ms Katie Archibald in our Student Services department.
* Payments can be made via Compass or alternatively over the phone through the front office.
* Northcote High School is not responsible for any medical or emergency costs incurred whilst your child is on camp. Any costs incurred will be the responsibility of the child’s family. It is recommended that every student attending camp be a member of the ambulance service or have insurance. Details of one insurance company are provided below.
* Any student requiring medication whilst on camp must bring double the amount needed. One amount is to be handed to NHS staff prior to departure, the rest is to be kept by the student at all times. Students requiring Ventolin must carry it on them at all times.
* Every item on the equipment list must be brought unless otherwise stated.
* **Students are also required to bring their own lunch and drink for the first day of camp**.

**All sides of the Year 7 Camp 2016 Permission Form (attached) need to be completed and returned to the school by Monday 29th February.**

## STUDENT INSURANCE COVER

As camps can be a higher risk activity than normal school we strongly recommend that parents/guardians consider having ambulance cover and/or consider taking out student accident cover. For example, StudentCover through EBM Insurance Brokers, which offers 12 months cover for $ 29. This insurance is **NOT** taken through the school and must be organised directly with the insurance company. The school does not promote or endorse this insurance company and families should investigate alternate insurers.

If you have any queries regarding the camp, please feel free to contact me at school on

9488 2370.

Yours sincerely

Gerard O’Shaughnessy

Head of Junior School

**YEAR 7 PHILIP ISLAND ADVENTURE CAMP**

NORTHCOTE HIGH SCHOOL

## RANGE OF ACTIVITIES

|  |  |
| --- | --- |
| * Flying Fox | * Raft Making |
| * Giant Swing | * Canoeing |
| * Camp Cooking | * Team Rescue |
| * Archery | * Disc Golf |
| * High Ropes Course * Team Rescue | * Boulder Wall * Low ropes course |
| * Swimming Pool | * Penguin Parade |

## STUDENT RESPONSIBILITIES

As part of the camping experience students are expected to assist in the day-to-day running of the camp. This typically involves cleaning up, checking and moving equipment and helping staff when needed.

All students are expected to follow the student responsibilities. This ensures that the camp runs effectively and safely. Students who do not comply with the student responsibilities policy may be sent home at a cost to the parents. The responsibilities include:

1. Fences are out of bounds. No student is permitted to touch the fences that border the camp. Students must stay within our property at all times unless on organised activities.
2. No alcohol, tobacco or non-prescription drugs permitted on camp. Students found in breach of this rule will be sent home.
3. Sun protection – when outside between the hours of 10 am & 4 pm hats should be worn and sunscreen applied to exposed areas.
4. Night curfew. After lights out students are expected to stay in their bunkhouses unless going to the toilet. There is to be no visiting other students during the night.
5. Damage to buildings and equipment. Any student found to have damaged camp property in any way will be sent home. This includes graffiti, damaging bunkhouses, other student’s property and any of the activity equipment.
6. No student is permitted to interfere with another student’s property.
7. Students must wear shoes OR other feet coverings at all times whilst moving around camp and activity areas.
8. Contribute to the running of the camp by helping to prepare and clean up around meal times and following the instructions of staff members.

Any student, who behaves in a way that is deemed to hinder the effectiveness and enjoyment of the camp for others, will be sent home at the parents’ expense.

**REFUND POLICY**

In the event that your child is unable to attend the camp after either paying a deposit or the entire amount the following policy will apply.

Any refund will only be payable after the last camp has finished.

The following fees for cancellation will apply:

* 7 days or more written notice – 50% of deposit
* Less than 7 days – 75 % of the total amount
* On the day of departure – 100% of the total amount

It is recommended that you take out travel insurance if you are concerned about this.

## SAFETY PROCEDURES AND CONTACT DETAILS

### BUSES

NORTHCOTE HIGH SCHOOL

All buses are hired and driven by a driver supplied by an external bus company.

### NHS STAFF

Many of the Northcote High school staff will be experienced school campers. There will also be the Phillip Island Adventure Resort staff on site at all times.

### FIRST AID

First aid kits will be provided by the Phillip Island Adventure Resort camp. At least 4 Northcote High School staff will be first aid trained. In the event of an injury to a student first aid will be applied as necessary and if required an ambulance will be called. Staff will not take students to the hospital or doctor. Parents will be notified as soon as possible.

**WATER ACTIVITIES**

There are a number of activities involving water on this camp. All water activities involve a level of risk. This includes swimming in the pool, raft building and canoeing. While raft building and canoeing students will wear safety vests and helmets and they will be taken by a qualified instructor. Students will be supervised at all time from shore. While swimming students will be supervised at all time from shore.

**ARCHERY**

Students will be instructed in correct use of the equipment and the importance of safety and will be supervised at all times.

**HIGH ROPES COURSE, FLYING FOX and GIANT SWING**

Students will be instructed in correct use of equipment and the importance of safety and will be supervised at all times by trained staff.

**BOULDERING WALL**

A Bouldering wall is a type of rock climbing wall where students use the climbing holds to traverse across a wall. By using the different coloured climbing holds available you can vary the degree of difficulty. The aim is to climb around the entire wall without touching the ground or receiving physical assistance from their spotters. Safety is achieved by safe and effective spotting. A supervised staff member will be in attention at all times.

**DISC GOLF**

Disc Golf is a game in which individual players throw a flying disc at a target. There is an 18 hole course located around the site which includes ‘official’ disc golf baskets. A staff member will be supervising this activity at all times.

**TEAM RESCUE**

The Team Rescue Course consists of a number of different elements requiring a range of skills to successfully complete it. Using the equipment provided, students are required to negotiate their way through the course without anything touching the ground. Planning, teamwork, communication and problem solving skills will be required to successfully complete the course. A supervised staff member will be in attention at all times.

**CAMP COOKING**

Students will be instructed on the safe use of handing food and given informative cooking instructions. A supervised staff member will be in attention at all times.

**BUSH FIRES**

The camps are held at a time that generally has low fire danger. The fire danger of the areas visited is monitored prior to and while on the camp. If a CODE RED day is forecast the group will return to Melbourne the day before. In case of fires occurring in the area under other weather conditions the group will evacuate after consulting Emergency Services. There will **NOT** be sufficient vehicles onsite to evacuate all students and staff. The camp will attempt to organise a bus company to evacuate students.

**CONTACT DETAILS**

Philip Island Adventure Resort Camp– 03 5952 2417

**YEAR 7 PHILIP ISLAND ADVENTURE CAMP**

/ Parent Information – **Please retain this list**

**Packed Lunch- 1st Day only**

NORTHCOTE HIGH SCHOOL

Students will need to bring a packed lunch on the first day of camp.

**Important items to pack**

It is important that students pack the following items:

**Bedding:**

* 1 Pillow
* Sleeping bag

**Equipment:**

* Torch + batteries
* Drink bottle
* Waterproof jacket
* Camera (optional)
* Two towels (one for swimming)
* Bathers
* Small bag (for example green environmental bag) to use for swimming
* Hat/Beanie
* Gloves

**Suggested clothing:**

* 1 pair of Jeans
* 2 pairs of shorts
* 1 pair of track pants
* 2 jumpers
* 1 long sleeve tops
* 2 tee shirts
* Sleepwear
* Underwear and socks

**Footwear:**

* 1 pair runners
* 1 pair of old shoes to wear whilst canoeing (must be closed toes)

**Toiletries:**

* 1 soap
* Toothbrush
* 1 tube of toothpaste
* 1 tube of sun screen
* 1 plastic garbage bag for dirty laundry

**NOTE THAT ALL ITEMS SHOULD BE LABELLED WITH THE STUDENT’S NAME**

***Electronic devices (for example mobile phones, iPods) are not to be taken to camp.***

**Medication**

For students that require medication on camp, their medication needs to be in a bag and labeled.

**YEAR 7 PHILIP ISLAND ADVENTURE CAMP**

/ Parent Information – **Return this form by 29/02/2016**

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME GROUP: \_\_\_\_\_\_\_\_\_\_**

NORTHCOTE HIGH SCHOOL

Please indicate any special dietary requirements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian),**

**permit my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_(home group) to travel to the Phillip Island Adventure camp running in Term 2, 2016 as a member of the school group.**

* **I agree that he/she shall be subject to the control of the staff members accompanying the party.**
* **I understand that in the event of serious misbehaviour of my son / daughter, during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.**
* **I have read and fully understand this letter and the related material provided.**

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR 7 PHILIP ISLAND ADVENTURE CAMP**

/ Permission Form – **Return this form by 29/02/2016**

# Confidential Medical Information for School Council Approved Excursions and Camps

NORTHCOTE HIGH SCHOOL

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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Excursion/program name: Year 7 Phillip Island Adventure 2016**  Date(s): **CAMP 1**: 11th  - 13th April **CAMP 2:** 13th to 15th April | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Student’s full name: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Student’s Address: | | | | | | | | | | | |
| Suburb: | | | | | Postcode: | | | | | | |
|  | | | | | | | | | | | |
| Date of Birth: | | | | | Year Level: | | | | | | |
|  | | | | | | | | | | | |
| Parent/Guardian Full Name: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name of person to contact in an emergency (if different from the parent/guardian): | | | | | | | | | | | |
| Emergency Telephone Numbers: | | | | | | | | | | | |
| *After Hours:* | | | | | *Business Hours:* | | | | | | |
|  | | | | | | | | | | | |
| Name of Family Doctor: | | | | | | | | | | | |
| Address of Family Doctor: | | | | | | | | | | | |
| Phone Number: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Medicare Number: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Medical/Hospital Insurance: | | | | | | | 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:** | | | | | | | | | | | |
| Bed wetting | | | | Heart Condition | | | | | | Travel Sickness | |
| Blackouts | | | | Dizzy Spells | | | | | | Other: please specify: | |
| Diabetes | | | | Migraine | | | | | | Below: | |
| Sleepwalking | | | | Fits of any type | | | | | |  | |
| Asthma (if ticked complete Asthma Management Plan | | | | | | | | | |  | |
|  | | | | | | | | | | | |
| **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+) | | | | | |  | | | |

**YEAR 7 PHILIP ISLAND ADVENTURE CAMP**

/ Permission Form – **Return this form by 29/02/2016**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Allergies**  NORTHCOTE HIGH SCHOOL | | | | | | | | | | | |
| Please tick if your child is allergic to any of the following: | | | | | | | | | | | |
| Penicillin | Other Drugs (please specify): | | | | |  | | | | | |
| Foods: |  | | | | | | | | | | |
| Other Allergies: | |  | | | | | | |  | | |
| What other 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 any medicine(s)? | | | | YES | | | | NO | | | |
| If yes, provide the name of medication, dose and describe when and how it is to be taken. | | | | | | | | | | | |
|  |  | | | | | | | | |  | |
|  |  | | | | | | | | |  | |
| One amount of medication must be given to the teacher-in-charge. All containers must be labeled 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. | | | | | | | | | | | |
| **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 and Early Childhood Development 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. | | | | | | | | | | | |