Oasis Camp

PLEASE FIND INFORMATION ATTACHED TO BE KEPT AT HOME:

- Camp Oasis Information Notice

- Packing List

- Medication Authority Form
  (This form is to be filled out the day before camp if your child requires any medication (vitamins, panadol, cold/flu tablets etc) to be administered while on camp. This form and the medication (labelled) will need to be handed to the First Aid teacher (Glenn Storr) on the morning of camp between 8.30am and 8.50am in the library)
Camp Oasis Information

Please keep this information notice!
(Stick it on the fridge!)

Important camp dates and general information

✓ The date for the 2016 Grade 3 Camp is Monday 14th - Tuesday 15th of November
✓ The address for Camp Oasis is 66-72 Monbulk Road, Mount Evelyn
✓ Melways Ref: 120 D3
✓ Phone Number: (03) 9736 2898 (in case of emergency only)
✓ Cost of camp for one night is $98. This includes one way bus trip, accommodation, most meals and all activities
✓ Children need to bring drink bottle, play lunch and lunch for the first day.
✓ Children will leave school by bus at 9:15am sharp on Monday morning.
✓ Pick-up by parents is at 3pm sharp on Tuesday at CAMP OASIS.
✓ Children need a sleeping bag and pillow. Please do not pack only a blanket.
✓ Please make sure you fill out the medical and dietary form thoroughly including emergency phone numbers. Please be prompt in getting this information back to school.
✓ Children wear free dress for camp.
✓ Cabin and activity groups will be announced after children arrive.
✓ No spending money is needed.
✓ No electronic games, iPods or iPads are allowed.
✓ Cameras are not advisable due to the nature of the activities. However if your child brings along a camera, the school will not be held responsible for breakages or losses.
✓ Lollies, chips or other types of junk food are not allowed on camp. Please check that your child has not snuck in any into their suitcase!

Camp Information Session:
3.45pm - 4.30pm Wednesday 2nd November in Library
Packing List

Clothing:
- Jeans/Pants
- Jumper
- Waterproof Jacket
- Dressing Gown
- Socks
- Shoes

Sleeping:
- Sleeping Bag
- Pillow

Toiletries:
- Soap
- Toothbrush
- Roll-on Deodorant

Personal Equipment:
- Torch
- Sunscreen
- Night Light
- Teddy
- Plastic Bag for Dirty Clothes!

Snack, Water Bottle & Lunch for First Day!

Notes:
- All personal items and baggage should be clearly named.
- No electronic devices are to be brought on camp.
- All medication, including Ventolin and EpiPens are to be given to Mr. Glenn Storr on the morning of camp.
- Cameras will pose a nuisance to carry around so we recommend not bringing one!
- Please practice rolling up the sleeping bag with your child prior to camp!
Medication Authority Form
for a student who requires medication whilst at school

This form should be completed ideally by the student’s medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation’s School Asthma Action Plan should be completed instead. For those students with anaphylaxis, an ASCIA Action Plan for Anaphylaxis should be completed instead. These forms are available from section 4.5 Student Health in the Victorian Government School Reference Guide: www.education.vic.gov.au/referenceguide.

Please only complete those sections in this form which are relevant to the student’s health support needs.

Name of School:

Student’s Name: __________________________ Date of Birth: __________________________

MedicAlert Number (if relevant): __________________________ Review date for this form: __________________________

Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

<table>
<thead>
<tr>
<th>Medication required:</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Medication/s</td>
<td>Start date: / /</td>
</tr>
<tr>
<td>Dosage (amount)</td>
<td>End Date: / /</td>
</tr>
<tr>
<td>Time/s to be taken</td>
<td>Ongoing medication</td>
</tr>
<tr>
<td>How Is it to be taken? (eg orally/topical/injection)</td>
<td></td>
</tr>
</tbody>
</table>

Medication Storage:
Please indicate if there are specific storage instructions for the medication:

________________________________________________________

Medication delivered to the school:
Please ensure that medication delivered to the school:

☐ Is in its original package

☐ The pharmacy label matches the information included in this form.
Self-management of medication

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

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Monitoring effects of Medication

Please note: School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement:
The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<table>
<thead>
<tr>
<th>Authorisation:</th>
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<tbody>
<tr>
<td>Name of Medical/health practitioner:</td>
</tr>
<tr>
<td>Professional Role:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Contact details:</td>
</tr>
</tbody>
</table>

| Name of Parent/Carer or adult/independent student**: |
| Signature: |
| Date: |

If additional advice is required, please attach it to this form.

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parent/guardians (See Victorian Government Schools Reference Guide 4.5.16.5).