

## GRADE 5 BALLARAT CAMP - 2020



Dear Parents/Guardians,

In Term 1, we will take the Grade 5 students to Ballarat for our school camp. The camp has been booked from **Wednesday 18<sup>th</sup> to Friday 20<sup>th</sup> March**. The children will be staying in rooms at the Bell Tower Inn, with heating and cooling, as well as shower and toilet facilities.

The students will visit the Eureka Museum, the Central Deborah Gold Mine and of course, many activities at the Sovereign Hill open air museum, including the night-time Sound and Light Show. This catered camp offers complements our Grade 5 studies on the history of the Victorian gold rush, as well as developing students' independence, social skills, responsibility and resilience.

The cost of the camp is **\$318** per child.

We are aware that some parents have already paid a \$100 deposit. If this deposit is outstanding, we ask that it be paid by **Friday 14<sup>th</sup> February**, with final payment no later than **Friday 6<sup>th</sup> March**. This allows us to confirm room numbers for boys and girls with the tour group, organise the cabin groups and then send home the camp booklet with all the information.

	<u>Payment Schedule</u>		<u>Amount</u>
<b>Deposit</b>	<b>Friday 14<sup>th</sup></b>	<b>February</b>	<b>\$100</b>
<b>Final Payment</b>	<b>Friday 6<sup>th</sup></b>	<b>March</b>	<b>\$218</b>

If you wish to pay in instalments please contact the school office.

To confirm your child's place on camp, a **NON-REFUNDABLE DEPOSIT of \$100** needs to be paid **by FRIDAY 14<sup>th</sup> February**.

**Please Note:** The full payment and permission forms need to be received by the school no later than Friday 6<sup>th</sup> March. Failure to do so will result in your child being unable to attend camp. *Please refer to the Excursion Policy and Parent Payment Policy* for detailed information on payment of optional activities.

*If you already know that your child is definitely not going on camp, can you please discuss it with your child's teacher **as soon as possible!***

Cheers,

The Grade 5 Team  
(Adam Benner, Rod Clarke, Karina O'Connor and James Quilty)

# GRADE 5 BALLARAT CAMP - 2020



**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I give permission for my child to attend the Grade 5 camp to Ballarat (including Eureka Museum, Sovereign Hill and the Central Deborah Mine, with two nights at the Bell Tower Inn) from Wednesday 18<sup>th</sup> to Friday 20<sup>th</sup> March, 2020.

**PLEASE NOTE:** NON-REFUNDABLE DEPOSIT MUST BE PAID TO THE SCHOOL BY **FRIDAY 14<sup>th</sup>** of **FEBRUARY**.

### Payments Details:

I wish to pay the \$100 deposit.

I wish to pay the full outstanding amount (\$218 if deposit paid, \$318 if in full).

**Method of Payment:**  Cash  Cheque (Made payable to Montrose P.S.)  Credit Card

I have pre-paid the excursion levy and wish for payment to be taken from this.

<b><u>Credit Card Payment Details :</u></b>			Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Bank Card <input type="checkbox"/>																		
<b>Name on Card:</b> _____																							
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
CVV: (found on back of card)	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<b>Amount \$</b>	_____																						
<b>Signature:</b>	_____																						

**Please Note:** The full payment and permission forms need to be received by the school no later than Friday 14<sup>th</sup> of February. Failure to do so may result in your child being unable to attend camp. *Please refer to the Excursion Policy and Parent Payment Policy for detailed information on payment of optional activities.*

### \*\*\*\*\*Permission Form Return & Payment\*\*\*\*\*

- No payment will be accepted after 26<sup>th</sup> October due to the processing requirements.
- **Failure to make payment by 14<sup>th</sup> February may result in students not being taken on the camp**, unless prior arrangements have been made
- **Money will not be accepted on the morning of the camp**
- **Students without signed permission forms will not be taken on the camp**

Parents are welcome to contact the office regarding payment requests for optional activities. Alternative payment options are generally available. Refer to the 'Parent Payment Policy' for detailed information on payment of optional activities.

## 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: Ballarat Tour  
Date(s): Wednesday 18<sup>th</sup> March – Friday 20<sup>th</sup> March

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's 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:

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:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma (if ticked complete Asthma Management Plan) | <input type="checkbox"/> Bed wetting     | <input type="checkbox"/> Blackouts        |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Dizzy spells    | <input type="checkbox"/> Heart condition  |
| <input type="checkbox"/> Sleepwalking                                       | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Fits of any type |

Other: \_\_\_\_\_

### Swimming ability

Please tick the distance your child can swim comfortably.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cannot swim (0m)             | <input type="checkbox"/> Weak swimmer (<50m) | <input type="checkbox"/> Fair swimmer (50-100m) |
| <input type="checkbox"/> Competent swimmer (100-200m) | <input type="checkbox"/> 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 any 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.

**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.

## Grade 5 Ballarat Camp Information

### PLEASE KEEP THIS NOTICE!

- The date for Grade 5 Camp is **Wednesday 18<sup>th</sup> to Friday, 20<sup>th</sup> March**.
- Our accommodation is the **Bell Tower Inn** (1845 Sturt St., Ballarat, VIC). Meals will be provided and the Inn will cater for dietary requirements.
- Students **DON'T** need to pack sleeping bags or pillows.
- In the event of an emergency at home, ring the school mobile: 0472 845 353. Please initiate contact **ONLY** for emergency reasons.
- A **drink bottle, play lunch** and **lunch** are needed for the first day.
- Students must arrive at school by **8:45am** on Wednesday. This is to ensure we're fully prepared to leave by 9:30.
- We aim to return by 3:30pm Friday. The school will notify parents via text of any significant changes to our return time.
- Children wear **free dress** for camp.
- Room allocations and activity groups will be announced upon arrival at camp.
- **ABSOLUTELY NO** electronic games, iPods or iPads are allowed. **NO** lollies, chips or other junk food are permitted. Ensure your child has not packed any of these items.
- Please promptly fill out and return the permission, medical/dietary, and asthma forms thoroughly, including **emergency phone numbers**.
- All medication, including Ventolin and epipens, must be given to Mr. Mulhall on the morning of camp.
- Serious or dangerous misbehaviour will be dealt with sternly and may require that a parent collect their child early from camp.

## Asthma Management Form – Grade 5 Camp

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete, sign and attach to the Medical Consent form. For more information on Asthma see [section 4.5.7 of the Victorian Government Schools' Reference Guide](#). Further information is available from the Asthma Foundation [www.asthma.org.au](http://www.asthma.org.au).

Student's name:

School:

Usual signs of asthma:  Wheezing  Chest tightness  Coughing  Difficulty breathing  Difficulty speaking  Other

*When completing this form please seek the advice of the asthmatic's doctor if necessary.*

1. Usual maintenance regime or medical program followed:

**Name of Medication**

**Method** (eg. Puffer & spacer, turbohaler)

**When and how much?**

Does the child require assistance to take their medication?  Yes  No

2. Peak flow readings: Best .....Critical .....(bring own peak flow meter)

3. Signs of worsening asthma:  Wheezing  Chest tightness  Coughing  Difficulty breathing  Difficulty speaking  Other:

Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

*See Asthma First Aid Plan attached on page 2.*

5. List any known asthma trigger factor(s):

Please see over.

- 6. Has the person been admitted to hospital due to asthma in the past 12 months?  Yes  No
- 7. Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc)  Yes  No
- 8. Has the person ever suffered sudden severe asthma attacks requiring hospitalisation?  Yes  No

**Important Notes**

If you have answered “yes” to questions 6, 7, or 8 then the decision for the person to participate rests with the child’s doctor. The process in such situations is as follows:

- the person’s doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available;
- a letter from the student’s doctor, stating the doctor’s decision must accompany this form.

I declare that the information provided on this form is complete and correct.

Parent/guardian: \_\_\_\_\_

Phone contact(s): \_\_\_\_\_ OR \_\_\_\_\_

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

*From the Victorian Government Schools’ Reference Guide Section 4.5.7.8*

## Asthma First Aid Plan

