Dear Parent/Guardian,

Every year as part of the transition into Year 7 at St. Peter's College, our students go on a camp. This year there will be two camps with all Cranbourne East students, Kolbe and Romero House students from the West Campus attending the first camp on the dates below. The remaining Houses from the West campus will attend the second camp the following week.

**Monday 4th March – Wednesday 6th March, 2013**

At St. Peter's College attendance at all camps and retreats is compulsory. They are an opportunity for students to learn more about the culture and ethos of St. Peter's. When students enrol at St. Peter's they agree to take on all of the responsibilities of being a member in full of this community. Attending school camps and retreats is one of these responsibilities. As a parent your acceptance of this expectation was also acknowledged in writing. If your child is unavailable to attend the camp, an appointment with myself should be arranged and subsequently with the Principal.

While students are on camp they will participate in and experience a range of activities which will support their studies in Religious Education, Physical Education and Pastoral Care, as well as have the opportunity to develop friendships with other students in the level.

The following details are confirmed for your information:

**Venue**
- Camp Rumbug
- Lot 90 Dollar Woorarra West Road, Foster North.

**Accommodation**
- Lodge: Separate Male and Female Bunk Rooms
- Tents: for volunteered campers

**Emergency contact**
- school mobile 0400 141 711
- Campsite phone no. 5664 6524

**Catering**
- Fully catered (Breakfast, Morning Tea, Lunch, Dinner & Supper)
- Students however do have to bring their own lunch on Monday 4th March.

Please note that no student is forced to participate in any activity they feel uncomfortable doing. This is a friendship and confidence building camp, which allows all participants to get to know other students from the year level and thus create further support networks.

**Please return the Camp Permission and Medical forms: and dietary form if required by Friday 15th February**

Students will also receive a clothing/packing list. Warm sleeping bags, pillow cases, towels, wet weather coats and footwear will be required as the evenings can be cool and the weather changeable. Long pants must always be worn when undertaking activities at Camp. Please also complete the Special Dietary Requirements form if this applies to your child.

On the day of departure for camp, students are required at the East Campus at 8.30am and are to wait with their bags outside the Discovery Centre where their Learning Advisor will meet them and mark off their names. On the day of return from camp, students will arrive at the College at 2.30 pm to avoid congestion in the car park at the end of the day.

If you have any questions at all or require further information, please contact your child’s Learning Advisor or myself at the College on (03) 5990 7777.

Yours sincerely,

Ms Jodie Connell
YEAR 7 TRANSITION AND PASTORAL LEADER

[Signature]

Mr James Roberts
HEAD OF CAMPUS
ST. PETER'S COLLEGE CONFIDENTIAL MEDICAL REPORT FOR CAMPS

This report is intended to assist the school in case of any medical emergency with your child.
All information is held in confidence and these forms will be destroyed after the camp.

Child's Name ................................................. Date of Birth ............... School Year ...............  

Parent/Guardian Full Name .................................................................................................................

Address ..............................................................................................................................................

......................................................................................................................................................... Postcode ........................................

Emergency
Telephone: After Hours ................................................. Business Hours ........................................

Name and Address of Family Doctor ....................................................................................................

...........................................................................................................................................................

**Medicare No. .......................................................... 

Medical/Hospital Insurance Fund ................................................. Contribution Number ..........................

Please tick if your child suffers any of the following:

[ ] Bed Wetting  [ ] Fits of any type  [ ] Heart Condition  [ ] Blackouts
[ ] Dizzy Spells  [ ] Sleep Walking  [ ] Asthma  [ ] Migraine
[ ] Travel Sickness [ ] Diabetes  [ ] Epilepsy  [ ] Anaphylaxis
[ ] Others Please Specify ..............................................

Allergies to:
[ ] Penicillin  [ ] Any Foods  [ ] Other Drugs  [ ] Other Allergies

Tetanus Immunisation
Last tetanus immunisation was ....................... If over ten years since last immunisation, a booster is to be arranged by parents before the camp [ ] Booster date .............................

Tablets and Medicines
1. Is your child presently taking tablets and/or medicine? YES/NO
   If YES, please state name of medication, dosage etc.................................................................

2. All medicines must be handed to the teacher in charge prior to leaving, with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first aid centre and distributed as required).

Previous Experience
Is this the first time your child has been away from home? YES/NO

Painkillers
I authorise the teacher in charge of the excursion/camp to administer painkillers (Panadol) when requested by my son or daughter. YES/NO

Consent to Medical Attention
I authorise the teacher in charge of the excursion/camp to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed ................................................................. Date ................................

**Please note: Medicare number must be completed
NOTE TO PARENTS RE: DIETARY INFORMATION

Dear Parents,

Camp Rumbug strives to give the very best to your children while they are at camp.

Does your child have any special dietary requirements for either cultural reasons or food allergies and so require alternative food to that listed on the camp menu?

For example, does your son/daughter have an allergy to wheat, is lactose intolerant, is diabetic or have special requirements due to religious, cultural or personal reasons?

Due to the isolated nature of our camp site, Camp Rumbug may have difficulty sourcing any special dietary items your child may need.

To ensure all dietary needs are met and no problems arise on camp that would make their camp experience less enjoyable, we ask parents to supply all alternative foods in place of those listed on the camp menu.

We do request that you send food items that can be easily prepared, i.e. frozen meals, that are clearly marked including the child's name and school.

We also ask that parents try to keep as close as possible to the camp's menu so that your son/daughter feels part of the group.

We are able to cater for vegetarian diets. We always have a good quantity of fresh fruit and vegetables available.

Please note Camp Rumbug has no peanut products on site. Some foods onsite are labeled as ‘may contain traces of nut or nut product’ or ‘manufactured on equipment that may produce products containing nuts or nut product’.

Supervision of campers dietary requirements while on camp is the responsibility of the Teacher/Leader in charge of First Aid.

All precooked and prepared foods must be transported to camp under the appropriate food handling and safety requirements.

(As per the attached reference (Transporting Food) – Food Safety Victoria)

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<table>
<thead>
<tr>
<th>DAY</th>
<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
<th>SUPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NA</td>
<td>BRING OUT LUNCH ON FIRST DAY</td>
<td>ROAST LAMB/RoAST POTATO/PUMPKIN, PEAS &amp; CAULIFLOWER/CHINESE EGGNOG, FRESH FRUIT SALAD &amp; ICE CREAM</td>
<td>NA</td>
</tr>
<tr>
<td>2</td>
<td>CEREALS, ORANGE JUICE &amp; FRESH FRUIT, TOAST WITH VEGETABLES, HAM, ETC.</td>
<td>FRESH ROLLS WITH FRESH FRUIT</td>
<td>HOMEMADE LASAGNE, CHICKEN &amp; SALAD FILLINGS, FRESH FRUIT</td>
<td>BANANA CAKE &amp; HOT MILO</td>
</tr>
<tr>
<td>3</td>
<td>CEREALS, ORANGE JUICE &amp; FRESH FRUIT, HOMEMADE PANCAKES &amp; MAPLE SYRUP</td>
<td>FRESH ROLLS/ROAST CHICKEN, FREE SALAD &amp; CHEESE, FRUIT OR SOUR TOAST &amp; JAM</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
SPECIAL DIETARY NEEDS FORM

IMPORTANT: All students/campers with a special dietary requirement or a food allergy (especially life threatening allergy) must complete this form and return before camp. Any special diets, or life threatening allergies etc. that require alternative food to that listed on the Camp Rumbug Menu is solely the responsibility of the parent/guardian to provide. If providing alternative menu items please supply them precooked and in a well labelled Esky or Freezer bag. Please keep alternative foods provided as close to Camp Rumbug’s menu as possible.

NAME OF STUDENT / CAMPER: ____________________________
NAME OF PARENT / GUARDIAN: __________________________
CONTACT PHONE AH: __________________________ BH: __________
MOBILE PHONE NUMBER: ________________________________
DIETARY / ALLERGY PARTICULARS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

--- ARE ALTERNATIVE MENU ITEMS BEING PROVIDED BY PARENT GUARDIAN ----
YES [ ] PLEASE TICK [ ] NO - NORM RUMBUG MENU

PARENT’S / GUARDIAN’S SIGNATURE: ____________________________
Please send completed form back to your school well before camp

NAME SCHOOL / GROUP: __________________________ DATE: __________
TEACHER / LEADER IN-CHARGE OF FIRST AID:
Teacher / Leader in-charge of first aid is responsible for all campers with dietary needs while on camp. Please introduce all campers with dietary needs to Camp Rumbug kitchen staff on arrival at camp.
TEACHER / LEADER IN-CHARGE OF CAMP: __________________________
COMMENTS:
________________________________________________________________________
________________________________________________________________________
Teachers / Leaders please fax completed form/s along with the Final Checklist at least 10 days prior to camp.

COMMENTS:
________________________________________________________________________
________________________________________________________________________
INITIAL: __________ DATE: __________

This form must be filled out by all campers who require alternative food to that which is stated on the menu.
PLEASE FAX BACK THIS MIN. 10 DAYS BEFORE CAMP FAX: 5664 6542
Camp Rumbug Privacy Statement covers information collected on this form (see camp's booklet).