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 the Cranbourne East students will be attending camp on the dates below.

**Monday 24th February – Wednesday 26th February, 2014**

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 College. When students enrol at St. Peter’s College 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 learning in Religious Education, Physical Education and Pastoral Care, as well as have the opportunity to develop friendships with other students in the year level.

The following details are confirmed for your information:

**Venue**
- Forest Edge
- 405 McKenzie Rd, Neerim East.

**Accommodation**
- Lodge: Separate Male and Female Bunk Rooms
- school mobile 0400 141 711
- Campsite phone no. 5628 4445

**Emergency contact**
- Fully catered (Breakfast, Morning Tea, Lunch, Dinner & Supper)
- Students however do have to bring their own lunch on Monday 24th February.

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 attached Permission Form including all medical and dietary requirements by Friday 10th February**

On the day of departure for camp, students are required at the College at 8.30am and are to wait with their bags outside the Discovery Centre where their Learning Advisor will meet them and check the roll. On the day of return from camp, students will arrive at the College at 2.30pm 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
CAMP COORDINATOR

Mr James Roberts
HEAD OF CAMPUS – CRANBOURNE EAST
CAMP PACKING LIST 2014

Below is a suggested list for the Year 7 Camp. Due to the adventure activities, there is a prospect of students getting dirty and wet, so appropriate clothing should be packed. Students are asked to keep their luggage to one large bag due to limited space on the buses.

Students must bring the following items:-

- Fitted sheet + Sleeping Bag
- Pillow and pillow slip
- Toiletries (toothbrush, toothpaste, soap, shampoo, conditioner, hair brush, hair ties, deodorant etc)
- Bath towel
- Beach towel and bathers
- Pyjama
- Slippers
- Runners (3 pairs – 2 pairs to get dirty or wet)
- Walking boots (optional)
- Raincoat (waterproof jacket)
- Jumpers
- T-Shirts (must cover the shoulders)
- Long sleeved shirts
- Long pants (1 pair per day – long pants must be worn to all activities)
- Sunscreen, Insect Repellent and hat
- Underwear and socks (2 per day)
- Drink bottle
- Medications – clearly labelled including name and dosage – given to Ms Connell
- Torch
- Sufficient clothes for 3 days
- Garbage bags for dirty/wet clothes
- Watch
- Lunch for the first day (Monday)

For all activities students will need at least one pair of long shorts, a t-shirt (covering the shoulders), runners (preferably an old pair) and a hat for safety reasons. No short shorts, football shorts, singlet tops, thongs or crocs. You will not be able to participate in activities if the wrong clothing is being worn.
ST. PETER’S COLLEGE PERMISSION FORM &
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.

My son / daughter ___________________________ of Tutor Group ___________________________
will be attending the Year 7 Camp at Forest Edge, Neerim East from **Monday 24th February until Wednesday 26th February 2014.**

Student's Name..................................................................................................................................................
Date of Birth...........................................................

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

**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......................................................

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
[ ] Others

Please provide details

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

* If your child is Asthmatic please complete the additional Asthma Action Plan attached
Allergies to:
[ ] Penicillin  [ ] Any Foods  [ ] Other Drugs  [ ] Other Allergies

Please provide details
.............................................................................................................................
.............................................................................................................................
.............................................................................................................................

* If your child is Anaphylactic please provide an Anaphylaxis Action Plan and EpiPen to the teacher attending the excursion.

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).

Special Dietary Requirements
Please list any Special Dietary Requirements
.............................................................................................................................
.............................................................................................................................

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
In the event of any illness or accident I authorise the teacher in charge of the 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. I accept all operation, blood transfusion and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

**Please note: Medicare number must be completed

Parent/Guardian Signature: _______________________________  Date: ________________________
SCHOOL ASTHMA ACTION PLAN

This record is to be completed by parent/caregivers 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 if you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/caregiver, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools’ Reference Guide).

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
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<tr>
<td>Form/Class</td>
<td></td>
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<tr>
<td>Emergency Contact</td>
<td></td>
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<tr>
<td>(e.g. Parent/Carer)</td>
<td></td>
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<tr>
<td>Relationship</td>
<td></td>
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<tr>
<td>Phone: (H)</td>
<td></td>
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<tr>
<td>(W)</td>
<td></td>
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<tr>
<td>(M)</td>
<td></td>
</tr>
<tr>
<td>Doctor’s Name</td>
<td></td>
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<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Ambulance Subscriber</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Subscriber number</td>
<td></td>
</tr>
<tr>
<td>Does this student have any other health plans?</td>
<td>Yes</td>
</tr>
<tr>
<td>If so what are they?</td>
<td></td>
</tr>
</tbody>
</table>

**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>
</thead>
</table>

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