

## Stage 2 Day Camp 2022 Camp Wombaroo Thursday, 17<sup>th</sup> November 2022

Dear Parents,

As a part of our outdoor education program for 2022, Stage 2 students will participate in a day trip to Camp Wombaroo. Camp Wombaroo is a privately run facility that values hands-on programs designed to challenge both body and mind. This facility and the programs it offer support learning in our Physical Education, Health and Personal Development Curriculum. It is recommended that all students attend. If children are unable to attend, then they will be catered for at school for the day.

The excursion will be held on 17<sup>th</sup> November, Term 4, 2022. This will be an exciting way for students and teachers to enjoy the conclusion of the school year. The activities foster quality social interaction as well as supporting students to develop independence and meet curriculum requirements. The children will participate in a range of activities such as orienteering, with trained instructors.

School teaching staff will accompany students during all activities.

The cost of the program and bus fare is \$110.00. In supporting us to organise this camp we ask that you complete the attached forms and full payment is made by **Thursday, 3<sup>rd</sup> November 2022**. If you require financial support or would like to make a payment plan, please contact Anne Hull. Payments are to be made online only.

For any questions or further information about Camp Wombaroo, please don't hesitate to contact me or go online to <https://www.oeg.edu.au/territory/nsw/camp-wombaroo/>

Yours sincerely

Mr David Tallon  
Stage 2 Assistant Principal  
9/9/2022

**Please Complete: The Department of Education Medical and Consent Form**

**Student Details**

First name: .....Last name: .....

Date of Birth: .....

Health/medical condition:  
.....  
.....

Could your child experience an emergency reaction in relation to this condition? Yes No

Doctor's name/medical centre: .....

Doctor's address: .....

Doctor's phone number: .....

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child.

| Allergy/medical condition | Doctor's name | Address | Telephone |
|---------------------------|---------------|---------|-----------|
|                           |               |         |           |
|                           |               |         |           |

If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.

**Request for administering prescribed medication to the student**

Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.

- Name of prescribed medication:  
\_\_\_\_\_
- Prescribed for (name of medical condition): \_\_\_\_\_
- Prescribed dosage: \_\_\_\_\_
- What are you requesting the school to do? \_\_\_\_\_
- Expiry date of the medication:  
\_\_\_\_\_

(Note: if you can't provide this information now we will need to know the expiry date when the medication is given to the school.)

- Special storage requirements if any eg in refrigerator: \_\_\_\_\_
- Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water: \_\_\_\_\_
- Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?

Yes    No    If Yes, Please provide more information:

\_\_\_\_\_

Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.

- Please name the person who will carry the medication to school:

\_\_\_\_\_

**Request for other support**

Please provide details of any other health care support needs of your child while they are at school and involved in school activities.

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

**Parent contact details**

Name: .....

Relationship to child: .....

Address: .....

Home phone:..... Work phone: .....

Mobile phone:.....

Email: .....

Parent or carer signature:..... Date: .....

**Medical Information**

**IMPORTANT NOTE:**

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school

- Ensuring that the information is updated if it changes
- Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion.
- For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen® /Anapen ®) for example.

**Permission to Attend**

This excursion has been planned to supplement the following work being done in the classroom on **Thursday 17<sup>th</sup> November**. The cost of the excursion will cost \$110.00. Travel will be by bus. All staff attending are CPR trained. Accompanying staff will be allocated to effectively cater for students/ Wombaroo supervision requirements. I understand that my child will receive medical treatment in the case of an emergency.

I give permission for child \_\_\_\_\_ of class \_\_\_\_\_ to attend Camp Wombaroo on **Thursday 17<sup>th</sup> November 2022**

I have made an Online Payment. Receipt Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Online Payment Details  
In "Payment Options" please select **Excursions** and in "Payment Description" please insert  
**Camp Wombaroo 2022**

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

**Covid-19 Consent**

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Parent/ Carer Signature \_\_\_\_\_ Date \_\_\_\_\_