



Peakhurst Campus

Cnr Samuel & Rona Streets

Peakhurst NSW 2210

Phone 02 9153 9966

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www.grc.nsw.edu.au/peakhurst

October 2016

Dear Parents/Carers,

Georges River College Peakhurst Campus conducts a three day Orientation Camp for Year 7 Students, as an integral part of its Year 6 into Year 7 transition program.

The purpose of this camp program is to challenge students to experience new activities, introduce Peer Support to Year 7, to broaden friendship groups and provide a common experience for all Year 7 students. During the three day camp experience your child will be participating in a selection of activities.

The details of the Orientation Camp for Year 7 2017 are as follows:

Dates: **Wednesday, 1st March 2017 – Friday, 3rd March 2017**
Venue: The Great Aussie Bush Camp, Tea Gardens, NSW
www.bushcamp.com.au
Cost: \$313.50 per student
Cost Includes: Return bus fare from GRC Peakhurst Campus to Tea Gardens, accommodation, food and activities.

DEPARTURE	ESTIMATED TIME OF ARRIVAL
From: Peakhurst Campus at 7.45am Sharp Wednesday, 1 st March 2017 Samuel street entrance (Back of library)	Return: Peakhurst Campus at 3pm approx. Friday 3 rd March 2017 Samuel street entrance(Back of library)

Please take the time to:

- ❖ Carefully read the Camp Guidelines and Rules for The Great Aussie Bush Camp provided.
- ❖ Read the Gear Checklist – Children provided
- ❖ Complete and sign the Medical and Consent Form for your child.
- ❖ Complete the Current Medication / Dietary Requirements form.
- ❖ Complete and sign the Parent or Guardian Consent / Activity Restrictions for your child.
- ❖ Complete and sign the Year 7 2017 Orientation Camp Permission Form for your child.

Please note that:

- ❖ All money (\$313.50 per student) must be paid to the Front Office NO LATER than Monday, 13th February 2017.
- ❖ All medical consent forms and permission forms must be completed, signed and handed to Mr Haydar in the PDHPE staffroom NO LATER than Monday, 13th February 2017.
- ❖ Students not attending camp will be expected to attend school for regular classes over the three days.

Please direct any questions regarding the Year 7 Orientation Camp 2017 to Mr Haydar on 91539966.

Yours Faithfully,



Mr Ibrahim Haydar
Year 7 Adviser / Camp Coordinator



Mr. Terry Vallis
Principal

Camp Guidelines and Rules

Students should be aware of these Guidelines

- ☐ Never leave camp or an activity without permission.
- ☐ All activities must be supervised by a teacher and instructor.
- ☐ Listen to and follow instructor's guidelines.
- ☐ Closed in shoes and hats should be worn at all times.
- ☐ Respect male and female areas; enter no room other than your own.
- ☐ Respect the natural environment, use bins provided, don't damage the bush.
- ☐ No pocket knives, glass, valuables, electronic equipment, or mobile phones are to be brought to camp.
- ☐ Do not approach, or attempt to pat the wildlife.
- ☐ All accidents / damage to equipment must be reported.
- ☐ Wilful damage will be paid for by the individual(s) responsible.
- ☐ Do not eat or drink in tents / cabins / dorms.
- ☐ No chewing gum to be brought to camp.
- ☐ Respect others after lights out. There should be no need to leave your tents / dorms / cabins after lights out.
- ☐ Each group is responsible for the ongoing cleanliness of the room / tent.
- ☐ To avoid accidents please do not run around campsite areas.
- ☐ As a general rule, students will not be removed from activities as punishment. They may be given a 5 minute time out to reflect.
- ☐ Allocating extra duties or taking away free time may also be used as behaviour management strategies.
- ☐ We may exclude students whose behaviour could result in serious danger or distress to themselves or others. In extreme cases, after consultation with teachers, the parents / guardians may be contacted and the student/s will be sent home.

Health, Safety and Medication

Teachers are to forward to us completed Special Needs Forms and Dietary Forms prior to coming to camp. Teachers are to bring the following forms with them when they attend camp, Medical and Consent Forms, Current medication requirement form and Parent or Guardian consent / activity restrictions forms.

Asthma

It is vital that parents / guardians of children who suffer from Asthma provide sufficient information or an Asthma Management Plan. This will enable team members / teachers to take appropriate action in the event of an Asthma attack.

Teachers will dispense any medication as required.

Camp team members have First Aid and Resuscitation certificates.

There is an on-site First Aid Room. For any accidents / sick students we have a Doctor in Tea Gardens (10 minutes). There is an ambulance service in Tea Gardens (10 minutes) and Karuah (10 minutes). The nearest hospital is The Maitland Hospital (1 hour) and John Hunter Hospital, Newcastle (1 hour).



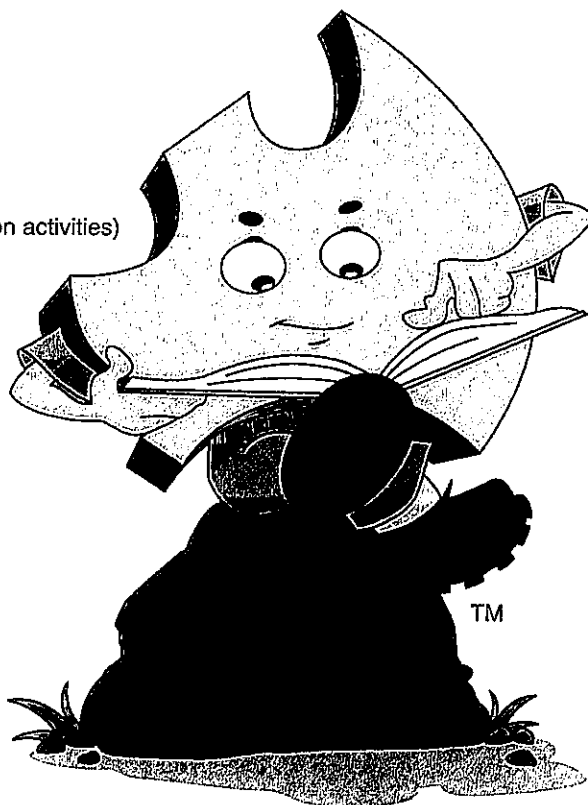
Gear Checklist – Children (Based on a 3 day camp)

PLEASE CLEARLY NAME ALL ITEMS

MEDICATION NEEDS TO BE GIVEN TO THE ORGANISING TEACHER

The checklist below is a guide only. It is a good idea for students to pack their own bags so that they can re pack for the trip home.

- ☐ Mess kit (tea towel, plate, cup, bowl, knife, fork and spoon – dishwasher safe) Non disposable
- ☐ Water bottle
- ☐ Raincoat (regardless of forecast)
- ☐ Hat or cap
- ☐ Sleeping bag (extra blanket in winter)
- ☐ Pillow
- ☐ Sunscreen
- ☐ 1 pair pyjamas (tracksuit in winter)
- ☐ Day pack (small backpack for water, sunscreen, etc)
- ☐ Torch (make sure it works before you leave home)
- ☐ Toiletries (including toothbrush!)
- ☐ Insect repellent
- ☐ 2 pairs of runners (1 old pair for water activities)
- ☐ Thongs – only for going to and from showers
- ☐ 3 T-shirts needed, no singlet tank tops / midriff tops (for safety on activities)
- ☐ 3 sets of underwear
- ☐ 3 pairs of shorts - NO MINI SHORTS (for safety on activities)
- ☐ 3 pairs of track pants (if cold weather forecast)
- ☐ 2 sloppy joes / windcheaters (if cold weather forecast)
- ☐ 3 pair socks
- ☐ Bath towel
- ☐ Beach towel and swimmers
- ☐ Optional - camera, money for souvenirs
- ☐ Tissues / hankies
- ☐ Plastic bags for wet clothes / towels.



TEA GARDENS

Medical and Consent Form – Child

Name of School: _____ School year: _____

Student Details:

Surname: _____ Given Names: _____

Address: _____

Postcode: _____ Date of Birth: ____/____/____ Male ☐ Female ☐

Parent / Guardian Details:

Please Tick ✓: Mother / Guardian ☐ Father / Guardian ☐ Other Contact ☐

Full name of Parent / Guardian Details: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medicare Number: _____ Expiry Date: ____/____/____

Student Name on Card: _____

Student Number on card: _____

Ambulance Cover: Yes ☐ No ☐

Private Health Fund Name: _____ Health Fund member number: _____

Is your child in good health? Yes ☐ No ☐

Does your child require regular medication? Yes ☐ No ☐

Does your child suffer from any Chronic Illness / Injury / Allergies? Yes ☐ No ☐
If yes, please specify?

Parent / Guardian Signature: _____ Date: ____/____/____



Current Medication / Dietary Requirements

School: _____ Student Name: _____

Time and Dosage – Please specify exact time of medication

	Breakfast		Lunch		Dinner		Other	
Medication Name	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Regulations require that all medication must be provided in the original container / packaging.
Teachers will collect and administer all medication.

Has your child suffered from any Acute Illness in the past four months? If yes, details.	Yes	No
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Has your child been treated by a doctor in the past four weeks? If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.	Yes	No
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Has your child had any major surgery? If yes, please specify.	Yes	No
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Is your child's Immunisation up to date, including tetanus? If yes, what year was the last booster given?	Yes	No
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Does your child wet the bed?	Yes	No
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Does your child sleep walk?	Yes	No
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Do you give permission for Panadol to be administered if required?	Yes	No
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Does your Child have any Dietary Requirements? If YES please specify:	Yes	No
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Water or Swimming Activities:

In relation to any proposed water or swimming activities, my child: Name: _____

(Please tick ✓ one:)

STRONG SWIMMER ☐

AVERAGE SWIMMER ☐

POOR SWIMMER ☐

NON-SWIMMER ☐



TEA GARDENS

Parent or Guardian Consent / Activity Restrictions

Name of School: _____ School Year: _____

All activities are instructed by highly trained team members, your child's teachers are also always present at activities and free time.

Please peruse the activity list included. Activities are planned with the age and ability of the students involved in mind. Time constraints may prevent students being able to do every activity listed, however if there are any activities that your child is not permitted to participate in, for medical or personal reasons, please inform your child and give details:

I agree to my child / children _____ participating in all the activities at The Great Aussie Bush Camp.

I understand that although The Great Aussie Bush Camp and its service providers attempt to minimise any risk of personal injury to my child, there is an inherent risk of personal injury in the physical activities that will be undertaken as part of this program.

In understanding the above I agree to release The Great Aussie Bush Camp and its employees, agents and contractors from and against all claims, demands, suits, losses and liability whatsoever for any accident, injury, damage or loss occasioned during the child's participation in the program and their time at camp unless such claim has arisen as a direct result of some negligent act or omission or misconduct on the part of The Great Aussie Bush Camp or its employees, agents or contractors.

In the event of an emergency, and I am unable to be contacted, I authorise for my child to receive any medical treatment that is deemed necessary. I also undertake to cover any costs that may be incurred with any medical treatment received, ambulance transport and medication while my child is at The Great Aussie Bush Camp.

Full Name of Parent / Guardian: _____ Date: ____/____/____

Signature: _____

Media Consent

(Cross out whichever does not apply)

I agree / I do not agree to allow The Great Aussie Bush Camp to use any photographs, sound and / or film recordings taken of my child while they are at camp, for the promotion of this facility in the media and advertising programs.

Full Name of Parent / Guardian: _____ Date: ____/____/____

Signature: _____



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Year 7 Orientation Camp 2017 Permission Form

I consent to my child _____ (insert child's name) participating in the Year 7 Orientation Camp at 'The Great Aussie Bush Camp', Tea Gardens, N.S.W. from Wednesday, 1 March 2017 to Friday, 3 March 2017.

I have read The Great Aussie Bush Camp's camp Guidelines and Rules and am aware of the indemnity. Yes / No

I have read the Gear Checklist – Children Yes / No

I have completed and signed the medical and consent form – child. Yes / No

I have completed the current medication / Dietary Requirements form. Yes / No

I have completed and signed the Parent or Guardian Consent / Activity restrictions form. Yes / No

I understand that students/parents are to inform school staff of any medication that will need to be administered and that this medication must be provided in the original container / packaging, clearly labelled with name and dosage instructions. I understand that all medication is to be given to Mr Haydar prior to departure on Wednesday 1 March 2017.

Yes / No

Parent Signature

Date

OR

If your child WILL NOT be attending the Year 7 Orientation Camp for 2017

My Child _____ (insert child's name) will not be attending the camp and will be attending classes at school from Wednesday, 1 March 2017 to Friday, 3 March 2017.

Parent Signature

Date