

# 2018 GRADE 5/6 CAMP KANGAROOBIE INFORMATION

**WHERE:** Camp Kangarooobie  
Great Ocean Road  
PRINCETOWN, VIC PH- 5598 8151

**WHEN:** Wednesday 8<sup>th</sup> August – Friday 10<sup>th</sup> August 2018

All children are required at school by 8.30am on Wednesday. The bus leaves at 9.00am and should arrive back at Moolap by approximately 3.30pm on Friday.

**COST:** \$275.00

**STAFF:** Coordinator – Cameron O'Neill,  
Greg Seach, Deb Irving and helpers (TBC)

## **MEDICATION:**

If your child requires medication during camp you need to complete a **Camp Medication Slip**. Medication is to be placed in a clear zip lock bag, along with the completed **Camp Medication Slip** and given to Deb Irving the morning of the camp.

All medication should be clearly labeled with the child's name, dosage and times to be taken. If a medicine cup is required, please supply.

Those children who have inhalers to relieve asthma and who normally administer these themselves without supervision may keep them with their personal belongings. All other medicines must be given to the teacher.

## **MORNING PLAY LUNCH AND LUNCH:**

Morning play lunch and lunch (including drinks) are required for Wednesday. These are to be packed into 2 disposable bags which have been clearly named.

## **LABELING:**

Items of clothing and all personal property must be labeled with the child's name.

## **INFORMATION:**

If you have any questions regarding the camp, contact any of the teachers at your convenience. We thank you in anticipation of your cooperation.

As part of your child's personal development, allow them to pack their own bag, ticking off the items from the list as they are put into the bag. Please ensure that each item is clearly named.

Below is an itinerary for Camp Kangarooobie:

Wednesday August 8	Thursday August 9	Friday August 10
<p>9.00 a.m. Depart Moolap Primary School 10.30 a.m. Arrive Colac for Morning Recess 11 a.m. Depart Colac 12.30 p.m. Cape Otway Lightstation &amp; Lunch 3.30 Arrive Loch Ard Gorge Interpretive walk 5:00pm – Arrive at Kangarooobie Camp Activities &amp; Bush Dancing</p>	<p>Camp Kangarooobie Activities including: Canoeing or Hut Building Obstacle Course Farm Activities Games Trivia Night (evening)</p>	<p>10.00 a.m. Depart Camp Kangarooobie 10.30 a.m. Arrive 12 Apostles 11.30 a.m. Depart 12 Apostles 1.00 p.m. Arrive Memorial Square, Colac – Lunch 1.45 p.m. Depart Memorial Square, Colac 3.15 p.m. Arrive Moolap Primary School</p>

## .....Check List for Camp.....

- Returned **Confidential Medical Information for School Council Approved Excursions Form** to class teacher
- Payment has been made / arranged
- Personal Requirements are packed
- Camp Medication Slip** has been completed and medication handed to teacher (if required morning of camp)
- Centrepay form completed & attached (if required)**

## PERSONAL REQUIREMENTS

### **CLOTHING**

- Two (2) changes of underclothing and socks
- Two (2) changes of clothes
- Extra tracksuit (an old one)
- A warm jumper
- Jacket or coat (waterproof)
- At least 2 pairs of sturdy shoes/boots/runners
- A plastic bag for dirty clothing
- 1 Waistbag for asthma medication (where applicable)

### **TOILETRIES**

- 1 towel and face washer (all named)
- Soap, comb, toothpaste, toothbrush
- Handkerchiefs/tissues
- Insect repellent
- Sunscreen

### **SLEEPING**

- Sleeping bag
- Pillowslip (pillows are supplied but take your own if preferred).
- Pyjamas

### **GENERAL**

- Torch
- Pencil case

All personal equipment should fit into one bag. This excludes the sleeping bag, which may be attached to the bag

**Confidential Medical Information for School Council Approved Excursions  
To be completed and returned to class teacher**

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: **Kangarooie Year 5/6 Camp**  
Date(s): **Wednesday 08 August to Friday 10 August 2018**

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:  
Phone Number:

Mobile:

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:**

- Asthma (if ticked complete Asthma Management Plan)       Bed wetting       Blackouts  
 Diabetes       Dizzy spells       Heart condition       Migraine  
 Sleepwalking       Travel sickness       Fits of any type

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

**Swimming ability**

*Please tick the distance your child can swim comfortably.*

- Cannot swim (0m)     Weak swimmer (<50m)     Fair swimmer (50-100m)  
 Competent swimmer (100-200m)     Strong (200m+)

**Allergies**

Please tick if your child is allergic to any of the following:

Penicillin                       Other Drugs: \_\_\_\_\_

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

What special care is recommended for these allergies? \_\_\_\_\_

**Food Allergies**

Foods: \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

**Camp Medication Slip to be completed**

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 and Early Childhood Development 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.

# KANGAROOBIE PAYMENT SHEET

Please return sheet with payment to the class teacher

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

**Payment Options:** Cash / Credit / Credit Card / Bpay / Centrepay / CSEF (\$125 with balance to be finalised prior to child attending).

**Payment made by –**

- Cash or Cheque**
- Centrepay** (completed form attached)
- CSEF balance** Families wishing to use their CSEF (\$125.00) can indicate below (with balance to be finalised **before** attending camp)
- Credit card** (fill in details below)
- Bpay** (family account details available from the office)

**Credit Card Details** to be completed below or contact the office to make payment arrangements.

Please debit by:  Mastercard /  Visa (please fill in credit card details below)

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Expiry Date: \_\_\_\_/\_\_\_\_ Cardholders Name: \_\_\_\_\_

Amount to pay: \$ \_\_\_\_\_

**ALL PAYMENTS TO BE FINALISED PRIOR TO ATTENDANCE AT CAMP  
UNLESS ARRANGEMENTS HAVE BEEN MADE AT THE OFFICE**

**If you wish to discuss payment options further, please contact the office**

*In line with MPS Refund Policy, payment may not be refundable.*

