Dear Parents/Carers

Your child will be undertaking an excursion, the details are as follows:

**Date:** Wednesday 11 to Friday 13 March, 2015

**Venue:** Fitzroy Falls Conference & Adventure Centre

**Departure time:** 8:00 AM from the College on Wednesday 11/3/15

**Return time:** 3:30 PM to the College on Friday 13/3/15

**Transport:** Bus

**Uniform:** Suitable casual clothes

**What to bring:** Please refer to attached list

If your child has a medical condition that may be affected by this activity or a condition that you need to advise the College about, please indicate this in the area allocated on the permission note below.

Please complete the permission note below, the Student Code of Conduct and the attached Medical Forms and return to **Student Services by Friday 28 February 2015.**

Regards

Mrs Laura Turner
Event Organiser

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**Permission Note**
Senior School - Year 11 Camp
Fitzroy Falls Conference & Adventure Centre
Wednesday 11 to Friday 13 March, 2015

I give permission for my child ............................................................. Year ..................
Care Group ............. to attend the Senior School - Year 11 Camp.

Medical Condition: ..............................................................................................................

Parent's/Carer's signature: ......................................................................................................

All notes are required to be returned to Student Services by Friday 28 February 2015
NAC Yr 11 LEADERSHIP CAMP – EQUIPMENT LIST 2015
Recommended personal equipment for a THREE day Camp at FITZROY FALLS

[ ] Morning Tea – Day 1
[ ] Sleeping Bag
[ ] 1 pair of sturdy shoes for activities
[ ] **Rain coat that is water resistant is essential**
[ ] Sun hat, broad brim or peak cap
[ ] Sun screen
[ ] Warm Jumper and/or polar fleece (IT IS COLD ON THE SOUTHERN HIGHLANDS)
[ ] 2 pairs of Shorts and a pair of long pants/tracksuit pants
[ ] 3 T-shirt's that provide sun protection
[ ] 1 set of clothes for dinner / after activities
[ ] Socks and underwear for three days
[ ] Pyjamas or light track suit
[ ] Swim wear/ costume
[ ] Towel
[ ] Rash Vest and Board shorts
[ ] Toilet bag & any medications
[ ] 1 litre drink Bottle
[ ] Small Day pack

Do not bring – Valuables, iPods, Mobile phones (non service area) or junk food

# You can bring Musical instruments or props for Tribal Presentations

Please come with an open mind!

“The mind is like a parachute – it will only function when it is open”
Student Code of Conduct for Excursions

The fundamental expectation governing student conduct is that each student should behave in a manner that respects others. Students are expected to treat others in the manner they would wish to be treated themselves. The best possible conduct is expected from all students at all times. Poor conduct cannot be accepted. Students are expected to behave appropriately as ambassadors of our school.

Whilst on an excursion, students are expected to be courteous, punctual and obedient to instructions given by the supervising staff and are expected to attend all classes and planned activities. Students must inform staff of all movements and a safety requirement of students of at least 3 in a group is expected for all activities.

In all circumstances, behaviour that is not in accord with Nowra Anglican College expectations and is unacceptable will be met with appropriate disciplinary action by the supervising Staff. The following are some examples of unacceptable behaviour:

- Bad language, abusive speech
- Consumption of alcohol
- Smoking cigarettes or using illegal or other substances
- Harassing or bullying behaviour including teasing
- Sexual harassment
- Racism in any form including negative comments
- Fighting, whether verbal or physical
- Behaviour that is dangerous to themselves or others
- Dressing inappropriately (bare midriffs, miniskirts, shoestring straps visible underwear)
- There will be no boys in girls’ rooms & no girls in boys’ rooms at any time

In serious circumstances, student’s parents will be contacted and students dealt with by the College on their return.

Students will endeavour to communicate any difficulty of a personal, financial or social nature to one of the supervising teachers so that the harmony of the group can be safeguarded at all times.

Mrs Lorrae Sampson
Executive Principal

PLEASE COMPLETE AND RETURN THIS SECTION TO THE COLLEGE

YEAR 11 CAMP—FITZROY FALLS, 11 to 13 MARCH 2015

I have read the above Student Code of Conduct for Excursions and agree to abide by this code and cooperate at all times. I recognise that failure to do so will result in the supervising teachers taking appropriate disciplinary action.

Student’s Name: ____________________________
Student’s Signature: _________________________ Date: _______________

I/We have read the Student Code of Conduct for Excursions and accept that my child must comply by them.

Parent/Caregivers Name: _____________________________
Parent/Caregivers Signature: __________________________ Date: _______________
MEDICAL & SAFETY INFORMATION

The following information is important for the care of your child whilst attending an Optimum Experiences program. All information is held in confidence and will only be used in reference to the camp which your child is attending. This form must be completed by a Parent or Guardian.

General Information

Name of student: ____________________________________________________________

Address: __________________________________________________________________
____________________________________________________________________________
Postcode: ______________

Phone: ______________________ Business/Mobile: ______________________________

Medical Fund: ______________________ Number: ________________________________

Medicare Number: ______________________ Age on camp: _______ Male or Female

Medical Information

Is your child under any treatment for any illness or condition that we need to be aware of. Please indicate any current medications.
____________________________________________________________________________

Asthma - please tick MILD [ ] MODERATE [ ] SEVERE [ ]

Medication details __________________________________________________________________
____________________________________________________________________________
If moderate or severe has been ticked please complete info overleaf

Allergies - please tick Food [ ] Drugs [ ] Insects [ ] Other __________________________

If yes, to above please complete info overleaf

Special Dietary needs: Vegetarian [ ] Vegan [ ] HALAL [ ] No dairy products [ ]

Other (please state) __________________________________________________________________

Last Tetanus _______ (Age of child)

Injuries, illnesses or disabilities that have a history and need to be brought to our attention:
____________________________________________________________________________

Swimming Ability [ ] Weak / Beginner [ ] 50 metres [ ] 100 metres [ ] 200 metres

I, ________________________________ acknowledge that my child is participating in activities that may mean an increased risk of injury. Optimum Experiences will exercise due care and attention for the above child; however, in the event of any accident or illness, I understand that Optimum Experiences shall not be held responsible. I authorise the Program Director and Leading - teacher in charge on my behalf where it is impossible to communicate with me, to consent to my child receiving such medical assistance as may be deemed necessary, including transport by ambulance. I also undertake to pay medical fees and/or cost of medication which may be incurred while my child is at camp.

Signed: ____________________________ Date: ______________

* Please attach to this form any other information that you regard as necessary and relevant to your child
Asthma Management Form

(Please print all responses)

Name: ........................................................................................................................................

Seek the advice of the asthmatic’s doctor if necessary when completing this form.

1. Usual maintenance medical program followed by the asthmatic: ..............................................................

2. Peak Flow Readings: Best: ......................... Critical: ......................... (Bring Own Peak Flow Meter)

3. Medication and treatment regime to be used during an emergency asthma attack..................................................

4. List any known asthma trigger factor experienced by the asthmatic:

"KEY QUESTIONS"

5. Has the asthmatic been admitted to hospital due to asthma in the past 12 months? YES [ ] NO [ ]

6. Has the asthmatic been on oral cortisone for asthma within the past 12 months (eg. Prednisone, Cortisone, etc)? YES [ ] NO [ ]

7. Has the asthmatic suffered sudden severe asthma attacks requiring hospitalisation? YES [ ] NO [ ]

8. Does the asthmatic require the use of a nebulising pump as a part of their regular or emergency Asthma Treatment? YES [ ] NO [ ]

NOTE: The Participant must supply the appropriate medication which has been prescribed by their Medical Officer.

I declare that the information provided on this form is complete and correct. I give permission for Optimum Experiences to pass this information to a third party [e.g. Camp Administration, Doctor, and Hospital...] to facilitate the medical treatment of my child.

Parent’s name: .................................................................................................................................

Date........................................

Allergenic Reaction Management Form

Seek the advice of the affected person’s doctor if necessary when completing this form.

A DOUBLE DOSE OF ALL MEDICATION REQUIRED FOR THE SUFFERER’S ALLERGIC REACTION, MUST BE BROUGHT ON THE COURSE BY THE PARTICIPANT, AND NOTED ON THEIR MEDICAL FORM.

Name: ........................................................................................................................................

1. What is the person allergic to? ....................................................................................................................

2. What are signs and symptoms of the person’s reaction?............................................................................

3. Historically, has the person suffered from?

   □ a) a localised reaction (rash, itching, swelling at the site the poison/irritant enters),
   □ b) a systemic reaction (rash, itching, swelling away from the site that poison/irritant enters),
   □ c) an anaphylactic reaction (severe breathing problem, total body swell, emergency situation).

4. What medication does the person take (if any) for their allergic reaction?: ................................................

5. What treatment is followed by the person during allergic reaction? ............................................................

"KEY QUESTIONS"

6. Does the person suffer a systemic or an anaphylactic reaction (see question 3 for definition), to their allergy? YES [ ] NO [ ]

7. Is there a history, in the person’s family, of anaphylaxis? YES [ ] NO [ ]

8. Has the above named sufferer been admitted to hospital due to an allergic reaction? YES [ ] NO [ ]

9. Does the person take adrenaline (Epi-pen), when suffering an allergic reaction? YES [ ] NO [ ]

NOTE: The Participant must supply the appropriate medication which has been prescribed by their Doctor.

I declare that the information provided on this form is complete and correct. I further declare that if my child’s emergency management requires use of an Epipen, I give permission for Optimum Experiences staff to administer. I give permission to pass this information to a third party [e.g. Camp Administration, Doctor, and Hospital...] to facilitate the medical treatment of my child.

Parent’s name: .................................................................................................................................
Signature ................................................................................................................................. Date........................................