Dear Parents/Carers

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

**Date:** Thursday 5 March to Saturday 7 March, 2015

**Venue:** NSW South Coast

**Assemble time:** 8:30 am at the College
**Departure time:** 9:30 am from the College on Thursday 5 March

**Return time:** 2:00 pm to the College on Saturday 7 March

**Transport:** School bus

**What to bring:** Please refer to attached information and the gear list prepared by students

**Costing:** $60.00 per student

**Optional Hire:** Tent - $2.00 / Backpack - $2.00 / Trangia - $1.00 / Compass $1.00

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 attached and payment information and return it to Student Services by Friday 27 February 2015.

Regards

Mrs Sabina Hamaty
Event Organiser

The attached permission note and payment slip must be returned to

STUDENT SERVICES
20 February 2015

Dear Parents / Carers,

Re: Silver Duke of Edinburgh Practice Expedition

Year 10 students are in the process of meeting the requirements of their Silver Duke of Edinburgh Award. This letter provides specific information about the bushwalking expedition, which is planned to take place on Thursday 5th to Saturday 7th March.

Students will be involved in planning, risk management and navigation during the journey, under the supervision of Mr Greg Baker and Mrs Sabina Hamaty. The hike route has been reconnoitred as part of Schools Duke of Edinburgh Hike Program and risk assessments for the area in which the trip will be occurring, have been prepared.

A Nowra Anglican College staff member will be ‘On Call’ throughout the expedition. The School Satellite Phone will provide the communication link between the field and the ‘On Call’ staff member. Weather updates and other pertinent information will be transferred to field staff during morning and night communication schedules. An EPIRB will also be carried with the group.

Expedition details:

- Drive to Bawley Point, then walk south and overnight at Pretty Beach, keep walking south, overnight at Depot Beach, keep walking south and pick up at Durras.
- Dates of trip 5th – 7th March 2015 (week 6 of term)
- Meet at school 8:30 a.m. on Thursday 5th March
- Arrive back at school 2:00 p.m. (approx.) Saturday 7th March. Please have alternative transport plans in place in case we get back later than planned.
- Transport to starting point – school bus,
- Transport from finish point back to School – school bus
- Equipment supplied: Hiking packs / Tent / Stoves + fuel / compass
- Cost per student $60, plus tent hire $2, trangia hire $1, pack hire $2 compass hire $1

Equipment checks and packing
The distribution of outdoor equipment (Packs, Tents, Stoves, etc) will occur at school on Friday week 5. Pack Inspection will take place on the following Tuesday. Any student who does not pass Pack Inspection will not be allowed to go. Packs which have passed can be left in the gymnasium overnight and picked up on Thursday morning.
**Essential equipment**

Students will be travelling along the South Coast and need to be adequately prepared. An equipment list has been created by the students as part of the requirements of the Duke of Edinburgh program, however, we must stress to parents the importance of the following essentials:

- Hiking boots / sturdy pair of running shoes
- Raincoat Seam sealed – waterproof with hood
- Thermal underwear – top and bottom (Polypropylene – no cotton)
- Fleece / wool jumper – these can be purchased very inexpensively from second hand clothing stores and are the only materials that will keep someone warm when wet
- Whistle – preferably bead-less Eg. Fox 40 whistle
- A notebook to keep a log, record observations etc.

**Food**

Students are responsible for supplying all of their own food for the three days of the expedition. The School will provide Puritabs for purifying drinking water throughout the trip. Students will need to ensure that they pack *light weight*, nutritious food and allow for additional rations, should the group be delayed in the field. A menu plan must be submitted by students prior to departure.

**Cancellation**

If rain is forecast the trip will still go ahead, however if storms or high wind is forecast the trip will be cancelled.

Also note that the following needs to occur before a student is allowed to participate in the expedition:

- all medical forms and permission notes need to be in
- a student needs to be registered on the Duke of Edinburgh program
- a menu plan for the trip needs to be submitted
- passed Pack Inspection

Please return the attached permission and medical information notes with payment to student services by **Friday 27th February 2015**.

If you require any further details regarding the expeditions, please contact Mrs Sabina Hamaty at the School.
Permission Note
Senior School - Duke of Edinburgh
Silver Award Practice Expedition
Thursday 5 March to Saturday 7 March, 2015

I give permission for my child .......................................................... Year ........................
Care Group .............. to attend the Senior School - Duke of Edinburgh Silver and I have
completed the attached Medical Forms.

Risk Awareness Warning
It should be noted that there are risks associated with participation in bushwalking and camping
activities. Risks have been identified as part of a detailed risk management process, with potential
risks minimised. By signing this form you acknowledge the importance of students abiding by the
directions of staff and the safety briefings issued to them.

Parent’s/Carer’s signature: ............................................. Date: .............................................

This note needs to be returned to Student Services by Friday 27 February 2015.

Payment Slip
Senior School - Duke of Edinburgh
Bronze Award Qualifying Expedition
Thursday 5 March to Saturday 7 March, 2015

This payment slip is to be returned to Student Services by Friday 27 February.

I enclose $.................. which includes $60.00 for my child and the optional hire fee for equipment.
Please circle the equipment being hired: Tent $2 / Backpack $2 / Trangia $1 / Compass $1

Student’s name: ..........................................................

Payment type: □ Cheque (payable to Nowra Anglican College) □ Card

Please debit my: Credit Card: □ Mastercard □ Visa

Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiry Date: __ / __

With the amount of $.................

Name on card: ..........................................................

Signature: ..........................................................

Office use only

Payment amount: $.................. Date: .................. Rec. No: ............
Student Medical Form

To be completed by Parent or Guardian (NB. Please print all responses)

STUDENT’S NAME: .................................................................................................................................

D.O.B: ___/___/______ Male □ Female □

Year/Class: ........................................ Tutor Group: .................................................................

Medicare No: □□□□□□□□□ □ Valid to: ........

Private Health Fund Yes/No Name of Health Fund ............................................................ Policy No................

Ambulance Subscription: Yes □ No □

Doctor’s Name: .................................................................................................................................

Address: ...........................................................................................................................................

Parent/Carers Name: ..........................................................................................................................

Address: .............................................................................................................................................

Home Ph:...........................................Work:...........................................Mobile:......................................

Additional emergency contact name: .................................................................................................

Home Ph:...........................................Work:...........................................Mobile:......................................

MEDICAL HISTORY

1. Has your child ever suffered any form of ASTHMA? YES [ ] NO [ ] (complete Asthma Management Form)

2. Has your child ever suffered any form of ALLERGY? YES [ ] NO [ ] (complete Allergy Management Form)

3. Does your child have any of the following conditions?:

   Phobias YES [ ] NO [ ] Heart condition of any kind YES [ ] NO [ ]
   Diabetes YES [ ] NO [ ] Migraine headaches YES [ ] NO [ ]
   Epilepsy YES [ ] NO [ ] Sight/Hearing disorders YES [ ] NO [ ]
   Bleeding disorder YES [ ] NO [ ] Other YES [ ] NO [ ]

4. ANKLE/KNEE/JOINT problems YES [ ] NO [ ]

5. Has your child suffered any serious injuries in the last 12 months? YES [ ] NO [ ]

6. Does your child wear contact lenses? YES [ ] NO [ ]

7. Is your child currently on any medications? YES [ ] NO [ ]

Please provide details for any questions to which the answer is YES:

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

8. Details of any special dietary considerations. (If vegetarian, does this student eat fish or white meat?):

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

9. My child can swim 50 metres: No [ ] With a struggle [ ] Comfortably [ ] Strongly [ ]

10. My child’s last Tetanus injection was in (date) ....................... (Should be within last 10 years. If this is not the case and the participant receives a tetanus prone wound, the attending medical officer may administer a tetanus injection.)

11. I give permission for my child to be administered paracetamol if needed. YES/NO

Parent’s name: ...........................................................................Signature: ............................................ Date: ........................................
Allergic 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 [ ]

IMPORTANT NOTES:

If any of the “KEY QUESTIONS” 6, 7, 8 or 9 above are answered "Yes"; then the decision for this person to attend rests with the person's Doctor.

To enable Nowra Anglican College to manage risks effectively, it is important that the treating Medical Officer has assessed the participant and provides the following information:

- The participant’s allergy medical management and emergency routine.
- The Medical Officer’s decision to allow participation.

This can be via a letter, fax, email or phone conversation between the Medical Officer and the College. The College can be contacted on (02) 44217711, Fax (02) 44217722, email admin@nac.nsw.edu.au or write to PO Box 382 Bomaderry NSW 2541

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 further declare that if my child’s emergency management requires use of an Epipen, I give permission for Nowra Anglican College staff to administer. I give permission for Nowra Anglican College to pass this information to a third party [e.g. Camp Administration, Doctor, Hospital] to facilitate the medical treatment of my child. I give permission for Nowra Anglican College to retain this form in their archival program information, noting I can access it at any time.

Parent’s name: ............................................................ Signature .............................. Date............................
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 (e.g., 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 [ ]

IMPORTANT NOTES:

If any of the "KEY QUESTIONS" 5, 6, 7 or 8 above are answered "Yes", then the decision for the Asthmatic to attend rests with the Asthmatic's Doctor.

To enable Nowra Anglican College to manage risks effectively, it is important that the treating Medical Officer has assessed the participant and provides the following information:

- The Medical Officer's decision to allow participation.
- The participant's normal asthma management and emergency routine.
- Authorisation from the Medical Officer for the use and specific management of a nebulising pump for emergency management if required

This can be via a letter, fax, email or phone conversation between the Medical Officer and the College. The College can be contacted on (02) 44217711, Fax (02) 44217722, email admin@nac.nsw.edu.au or write to PO Box 382 Bomaderry NSW 2541

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 Nowra Anglican College to pass this information to a third party [e.g., Camp Administration, Doctor, Hospital] to facilitate the medical treatment of my child. I give permission for Nowra Anglican College to retain this form in their archival program information, noting I can access it at any time.

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