Dear Parents/Carers

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

**Date:**
Wednesday 18 to Friday 20 March, 2015

**Venue:**
Waterslea, Kaloona Drive, Tapitallee

**Departure time:**
9:30 AM from the College on Wednesday 18/3/15

**Return time:**
2.00PM at the College on Friday 20/3/15

**Transport:**
Bus

**Uniform:**
Suitable casual clothing as per attached list

**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 Monday 2 March 2015.**

Regards

Mrs K Jones
Event Organiser

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**Permission Note**

Senior School - Year 7 Camp
Waterslea, Kaloona Drive, Tapitallee
Wednesday 18 March to Friday 20 March 2015

I give permission for my child ................................................................. Year ........................
Care Group ............... to attend the Senior School - Year 7 Camp.

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

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

All notes are to be returned to Student Services by Monday 2 March 2015
What to bring list

The following list is the minimum equipment required for your camp. Please ensure you are adequately prepared.

**Clothing for all activities:** Guests will be required to wear appropriate shoes, clothing and sun protection to be able to participate in activities. Open footwear (eg. Thongs and sandals), midriff tops, singlet tops, skirts and jewellery are not appropriate for the camp program.

**Clothes**
- Hat
- T-shirts
- Clothes that can get wet, T-shirt or rash-shirt, board shorts
- Closed-in comfortable footwear (joggers/sneakers/hiking boots) **AND**
- Old covered-in shoes that can get wet (i.e. these are your 2nd pair of shoes).
  
  **NB:** No “Crocs”, must be fully closed in shoes eg. Old sneakers or wet-shoe booties.
  
  If you don’t bring suitable wet shoes you cannot participate in any water based activities.
  
  **NB:** All waterways contain oysters - ensure covered shoes are always worn on/in the river.
- Raincoat
- Beanie / gloves (if needed)
- Long pants (a must to participate in certain activities)
- Shorts
- Jumpers (one that can get wet in water activities)
- Warm Clothes
- Underwear and socks
- Pyjamas
- Swimmers / towel

**Personal Equipment**
- Water bottle
- A small amount of money if you wish to buy souvenirs
- Toiletries (soap, toothbrush, toothpaste, bath towel etc)
- Medicines (if needed - Please inform your school teachers of any medication at camp.)
- Sunscreen & insect repellent
- Fitted/Flat bed sheets and sleeping bag or doona (doona provided)
- Pillow slip (Pillows are provided)
- **Torch** (if staying overnight, especially if night hike)

**For Special Diet Requests**
- If you require a Special Diet, please advise your camp coordinator as soon as possible (at least 2 weeks prior to arrival date).

**DO NOT BRING:**
- **SNACKS CONTAINING NUTS,** Walkman/iPod, good clothes, electronic games, expensive jewellery, mobile phones etc.
Nowra Anglican College Senior School

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.

While on tour, students are expected to be courteous, punctual and obedient to instructions given by their instructors 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 touring 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
- Purchase and use of fireworks and replica (BB) guns
- Behaviour that is dangerous to themselves or others
- Breaking the law of the country
- 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 TO SCHOOL

YEAR 7 CAMP—WATERSLEA 18 MARCH TO 20 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.
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: .......................................................... Telephone: ..........................................

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 [ ]
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:......................

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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:


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 [ ]

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: ................................