16 February 2015

Dear Parents,

YEAR 7 HEGARITY CAMP
Tuesday 3 March – Thursday 5 March

Year 7 camps aim to provide students with an opportunity to develop friendships and participate in a range of exciting outdoor adventure activities on Victoria’s Surf Coast. Each homeroom has its own camp that runs for 3 days and 2 nights. The camps are based at the Jan Juc Surf Life Saving Club.

Activities are orientation based with a coastal theme. They include, Marine Studies, Surfing, Swimming, Snorkelling, Beach Games and Night Activities. Surfing and snorkelling activities are outsourced to professional adventure companies who will help to oversee the exercises. The emphasis is always a policy of safety first.

Parents and families are invited to attend the camp with their son from 12pm on Thursday 5 March 2015. It is the College’s intention to offer families an opportunity to meet each other, enjoy a BBQ and return home with their son at the conclusion of the camp. Members of the school’s leadership team will attend the BBQ as an informal way of getting to know our new parent body. The College will provide sausages and hamburgers, but it would be most appreciated if you could bring a small salad, nibbles, or dessert to share with the other families. All family members are welcome.

We understand that not all parents may be able to attend. Those students not returning with their parents will be transported back to school by bus - arriving back at De La Salle by approximately 4pm. Therefore we need to vacate Jan Juc by 2pm.

Please return the enclosed Consent and Medical forms to the College by Tuesday 24 February 2015. Also enclosed is a clothing & equipment checklist and map. In the event of an emergency the campsite can be contacted on 03 5261 3644, or on my mobile 0407 043 718.

Kind regards,

Mr Andy Clements
Camp Coordinator

Mr Tom Ryan
Deputy Principal – Pastoral Care & Organisation
YEAR 7 HEGARTY CAMP CONSENT FORM

Student Name: ___________________________ Homeroom: 7 Hegarty

PARENT/GUARDIAN DECLARATION

I hereby give my son permission to attend the camp to Jan Juc Surf Life Saving Club, Clubhouse Road, Jan Juc VIC 3228 between 3 March 2015 and 5 March 2015. I have advised the College of all current medical conditions my son has that may compromise his well being and safety on camp. To the best of my knowledge I have read and understood the camp information.

I accept that the organisers will take all normal care. In the event of an accident or illness, I authorise the teacher in charge of the excursion/activity to consent, where it is impracticable to communicate with me, to my son receiving such medical or surgical treatment as may be deemed appropriate. I understand that it may be necessary to transport my child by ambulance, taxi or private comprehensively insured vehicle in an emergency, or due to my son’s serious misbehaviour during the excursion. I agree to meet any costs incurred.

Parent/Guardian Signature: ___________________________ Date: ___________________________

FAMILY BBQ – THURSDAY 5 MARCH

☐ I / we will be attending the Family BBQ 12pm – 2pm (number attending)

☐ Unfortunately we will not be attending the Family BBQ

☐ My son will be returning to De La Salle College on the bus

DIETARY REQUIREMENTS

My son has the following dietary requirements:
•
•
•

STUDENT DECLARATION

I declare that I will abide the rules of the Outdoor Education program as outlined by staff prior to and during the camp.

Specifically,
1. I will not indulge in any dangerous behaviour.
2. I will not bring or use banned items such as cigarettes, drugs or alcohol.
3. I will obey all rules whilst being transported to and from venues
4. I will follow all directions promptly and faithfully.

I also understand that if my conduct is considered a danger to myself or others, or unsatisfactory in any other way, I may be sent home at my own or my family’s expense.

Student Signature: ___________________________ Date: ___________________________

Please return this form to the Tiverton Office by Tuesday 24 February 2015.
CONFIDENTIAL MEDICAL INFORMATION AND CONSENT

The College will use this information if your child requires emergency medical treatment. All information is held in confidence and the document will be destroyed on return from the camp. This medical form must be current at the time of the camp and signed by the parent/guardian.

Parents are responsible for all medical costs if a student is injured and/or requires medical treatment. Please PRINT clearly.

Camp name: ____________________________

Camp dates: Departure date: _______________ Return Date: _______________

Student’s full name & date of birth:
Name: ________________________ DOB: ______________________

Student’s address: Number and Street
Suburb: ________________________ Postcode: _______________________

Parent/Guardian 1 & contact details:
Name: ________________________
Home: ________________________ Business: ________________________ Mobile: ________________________

Parent/Guardian 2 & contact details:
Name: ________________________
Home: ________________________ Business: ________________________ Mobile: ________________________

Emergency contact person (in the event that the parent/guardian cannot be contacted):
Name: ________________________
Home: ________________________ Business: ________________________ Mobile: ________________________

Relationship to student: ________________________

Family Doctor:
Name: ________________________ Phone: ________________________

Medicare Number: ________________________

Health Insurance Fund:
Fund Name: ________________________ Policy No.: ________________________

Ambulance subscriber: [ ] Yes [ ] No If yes, subscription number: ________________________

Page 1 of 2
Is this the first time your child has been away from home?:  

___  

**Allergies & Tetanus:**
Please tick if your child is allergic to any of the opposite and provide details where appropriate

- [ ] Penicillin  
- [ ] Other drugs  
- [ ] Foods  
- [ ] Other allergies

What special care is required 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 15 years of age (as ADT)

**Medical Information:**
Please tick if your child suffers from any of the conditions opposite.

- [ ] Diabetes  
- [ ] Dizzy spells  
- [ ] Heart condition  
- [ ] Sleepwalking  
- [ ] Bed wetting  
- [ ] Travel sickness  
- [ ] Fits of any type  
- [ ] Depression  
- [ ] Haemophilia  
- [ ] Migraine  
- [ ] Asthma  
- [ ] Anaphylaxis

(Please provide an asthma, diabetes or anaphylaxis management plan if applicable)

- [ ] Other (specify)  

Attach a doctor’s letter detailing any other condition, past or present, that camp staff and medical practitioners should know of in an emergency.

**Medication:**
If yes, provide the name of the medication, dose, when and how it is to be taken.

Is your child taking any medication?  

- [ ] Yes  
- [ ] No

All medication must be given to the teacher-in-charge. All containers must be labelled with your child’s name, the dosage as well as when and how it should be taken. The medications will be kept by the staff and distributed when 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 carry medication only with the knowledge and approval of both the teacher-in-charge and yourself. It is recommended that spare medication be supplied and packed separately for emergency purposes.

**Medical Consent:**
Where the teacher-in-charge of the tour is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher-in-charge to:
- Consent to my child receiving any medical or surgical treatment deemed necessary by a medical practitioner
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary
- Administer Panadol.

**Parent/Guardian**

Signature of parent/guardian (named above): ____________________________________________  

Date: ________________________

Note: You should receive detailed information about the camp prior to your child’s participation and a Parent Consent form. If you have further questions, contact the College before the camp commences.
# YEAR 7 CAMP CLOTHING & EQUIPMENT CHECKLIST

<table>
<thead>
<tr>
<th>ESSENTIAL</th>
<th>NOTES</th>
<th>CHECK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping bag / Pillow / Pillow case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pyjamas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 x T-Shirts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 x warm tops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 pairs of underpants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 pairs of socks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pairs of shorts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Speedo&quot; bathers</td>
<td>To be worn under wetsuits</td>
<td></td>
</tr>
<tr>
<td>Board shorts</td>
<td>To be worn for water based activities</td>
<td></td>
</tr>
<tr>
<td>1 Rain Proof Jacket</td>
<td>In case of inclement weather</td>
<td></td>
</tr>
<tr>
<td>1 pr tracksuit pants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sturdy shoes sneakers</td>
<td>For most activities</td>
<td></td>
</tr>
<tr>
<td>Old runners / thongs</td>
<td>That will get wet</td>
<td></td>
</tr>
<tr>
<td>Toiletries / towel / beach towel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication (if any)</td>
<td>Details must be noted on medical form and handed to a staff member with name and dosage clearly labeled.</td>
<td></td>
</tr>
<tr>
<td>Water bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut lunch for Day 1</td>
<td>Sandwiches, Prima and some fruit or muesli bars</td>
<td></td>
</tr>
<tr>
<td>Mug, plate &amp; bowl (Plastic is best)</td>
<td>Please make sure these are clearly labelled.</td>
<td></td>
</tr>
<tr>
<td>Knife, fork &amp; spoon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hat / Cap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A tea towel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Garbage Bag</td>
<td>For storage of wet clothes</td>
<td></td>
</tr>
<tr>
<td>Torch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spending Money</td>
<td>$20 is ample</td>
<td></td>
</tr>
</tbody>
</table>

## Optional Items

- Own wetsuit: Full length wetsuits are supplied for activities
- Rash vest: Worn under wetsuits to prevent chafing.
- DVD: Suitably rated for Movie night
- Camera: 

---

DE LA SALLE COLLEGE
Directions from De La Salle College, 1318 High Street to Jan Juc Surf Life Saving Club, Clubhouse Road

De La Salle College, 1318 High Street
Malvern VIC 3144

Get on Citylink/M1 in Kooyong from Glenferrie Rd/State Route 19

2.8 km / 5 min

1. Head west on High St/State Route 24 towards Glenferrie Rd/State Route 19
280 m

2. Turn right onto Glenferrie Rd/State Route 19
1.4 km

3. Turn right onto Toorak Rd/State Route 26
650 m

4. Turn left to merge onto Citylink/M1
△ Toll road
400 m

Follow M1 to Anglesea Rd/C134 in Waurn Ponds. Exit from M1

92.8 km / 1 h 1 min

5. Merge onto Citylink/M1
   ➡ Continue to follow M1
   ➡ Partial toll road

6. Take the exit towards Anglesea Rd/C134

Follow Anglesea Rd/C134 and Great Ocean Rd/B100 to Clubhouse Rd in Jan Juc

7. At the roundabout, take the 1st exit onto Anglesea Rd/C134

8. Continue onto Anglesea Rd/C134

9. At the roundabout, take the 2nd exit and stay on Anglesea Rd/C134

10. At the roundabout, take the 1st exit onto Great Ocean Rd/B100

11. Turn right onto Hoylake Ave
    ➡ Go through 1 roundabout

12. At the roundabout, take the 1st exit onto Carnarvon Ave

13. Turn left onto Clubhouse Rd

Jan Juc Surf Life Saving Club, Clubhouse Road
Jan Juc VIC 3228

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.