



Jamboree Heights State School

Learning for Life

Dear Parents & Carers

Next term, Year 4 students have the opportunity to attend a two-day camp at Runaway Bay Sport and Leadership Excellence Centre on the Gold Coast. During the camp the students will participate in a mix of the following activities:

- * Outdoor Team Challenges
- * Stand Up Paddling
- * Beach Games
- * Night Activities
- * Archery
- * Indigenous games

Date of Excursion: **Monday 22nd – Tuesday 23rd April 2024**

Students are to meet in the senior shed at 7:00am for a 7:30am departure

Cost of Excursion: **\$183.00** (This includes transport, accommodation, food and activities)

Payment Due Date: Tuesday 9th April

Permission: Due by Friday 22nd March. On QParents;
Approve the permission if your child **is** attending,
Deny the permission if your child **will not** attend camp.

Coaches will transport students to and from the camp. The camp is an important part of the school curriculum and student development, and it is anticipated that all children will attend. This style of camp provides a good lead into longer camps in Years 5 and 6.

Please ensure all personal items are clearly labelled. All medication must be appropriately labelled by the Doctor/Pharmacist, placed in a zip-lock bag clearly labelled with your child's name.

Please complete and sign ALL attached forms and return to your teacher. If your child requires medication, additional forms will be sent home to also be completed as a requirement for the camp.

Yours sincerely

Scott Matthews
Deputy Principal

Principal: Mrs Kathy Canavan e kcana2@eq.edu.au

Deputy Principals: Mr Scott Matthews e smatt138@eq.edu.au | Mrs Lyndel Ivory-Lisle e livor2@eq.edu.au

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Queensland
Government

Student Information

Student name: _____ Class: _____

Does your child have any **medical requirements**? Y / N

If so please provide details:

Does your child have any **special dietary requirements**? Y / N

If so please provide details:

DETAILS OF MEDICATIONS/ SPECIAL DIET REQUIRED WHILE AT CAMP. (PLEASE INDICATE TIMES AS AM/PM)	
MEDICATION / SPECIAL DIET	DOSE & TIME
1.	
2.	
3.	
4.	
5.	
6.	

NB: If medication requirements are indicated above, you will be provided forms to complete from the teacher

Are there any **other details** (e.g. bed wetting / sleepwalking etc) which may affect your child's full participation in the camp as a whole or the specific activities described in the form?

[**AUTHORITY:** I certify that, I will ensure that my child has not been in contact with any infectious disease for the four (4) weeks prior to camp, and that she/he is not suffering from scabies, impetigo or other ailments upon departure which are likely to be detrimental to members of camp.]

[**AUTHORITY:** I hereby authorise the supervising teacher/s to obtain any medical or associated assistance, which they deem to be necessary, should any medical condition or accidents occur. I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above student that are not covered by my personal/family ambulance subscription or private health fund. I further authorise a qualified medical practitioner to perform surgery, administer anaesthetic and/ or administer blood transfusions if such an eventuality should arise. I understand should such a medical emergency arise; the supervising teacher will make every effort to contact me by phone first.]

Camp Medication Procedure

As-needed medication (e.g. Panadol, antihistamine)

If your child will be taking medications such as paracetamol, sea sick tablets or an antihistamine to camp to have *only as needed*, you will need to return the following items:

1. "Consent to administer medication" form (signed by parent)
2. "Medication order to administer 'as-needed' medication at school" form (completed and signed by a doctor/health practitioner)
3. The medication with an attached pharmacy label, in its original container, with intact packaging

Routine medication (e.g. Ritalin, antibiotics)

If your child will be taking regular medication to camp to have *at a routine time*, you will need to return the following items:

1. "Consent to administer medication" form (signed by parent)
2. Action plan signed by Doctor/Health Practitioner. The medication with an attached pharmacy label, in its original container, with intact packaging. The label must be clear and the instructions accurate.

Asthma/Anaphylaxis – considered 'as needed' medication for an Emergency response

You will need to supply the following items:

1. "Consent to administer medication" form (signed by parent)
2. Action plan signed by doctor/health practitioner.
3. The medication with an attached pharmacy label.

Medications already stored at school

If your child's asthma/anaphylaxis plan and medication -or- daily routine medication are held in the school office and need be taken to camp, please email the teachers to advise and they will collect from the office. For daily medication please contact the office to ensure there is enough supply to cover the camp duration.

****All forms and medications are to be returned together in a zip lock bag the week before camp. ****

*The requirements stated are **Education Queensland Policy** which the School must adhere to.*



FORM B

MEMORANDUM TO PARENTS
PERSONAL BELONGINGS

B

Throughout the week students participate in a variety of water and land-based activities. As laundry facilities are extremely limited, parents are requested to send enough clothing for the entire camp.

Please ensure your child has their swim wear, swim shirt, hat, sunscreen and water bottle packed in their back pack for the first day as activities may begin before they pack into their lodges.

CLOTHING Must be clearly labelled with waterproof ink	√	FOOTWEAR	√
Shorts		Sandshoes x 2 (closed in, one old pair)	
T-Shirts		Thongs and or Sandals	
Socks		Wet shoes for water-based activities (crocs as wet shoes are unsuitable)	
Underwear		No wet shoes = no participation	
Swim wear and swim shirt		BEDDING	√
Warm Jumper/ Jacket			
Pyjamas		2 Sheets	
Raincoat		Pillow	
Full Brim Hat		Pillowcase	
Neat casual clothes for evening activities		Blanket/Sleeping Bag	
Water bottle		*No sleeping bags without sheets	
*Due to the outdoor nature of the program, sun protection is of utmost importance. Singlets and sleeveless tops are unsuitable for camp. Runaway Bay Sport & Leadership Centre employs the 'No Hat, No Play' policy.		TOILETRIES	√
MISCELLANEOUS	√	Soap/ Shampoo/ Lip Balm	
		2 Towels / Washer	
Pegs (x6) & Plastic Bags (x2) for wet gear		Toothbrush / Toothpaste	
Small back pack		Deodorant (No aerosols)	
Drink/Water Bottle (Full on arrival)		Sunscreen (30+)	
		Vaseline/lanolin cream	
		Insect repellent	

**** PLEASE DO NOT BRING ****
Mobile Phones, Watches, Torches, Radios, iPods or iPads, Computer Games, Cutlery, Food (sweets and lollies), Money, Sports Equipment.
No aerosol sprays of any kind are permitted

SAFETY

Strict safety procedures for each activity have been developed. These are explained to the students on arrival at the Centre and again before each activity is undertaken. Trained and qualified staff supervise all activities. Personal Flotation Devices / Buoyancy Vests must be worn for all relevant water-based activities. Our teaching staff are required to attain and update a wide variety of accreditation including:

- * Senior First Aid Certificate
- * Resuscitation Certificate
- * SUP/Kayak Instructors Certificate
- * Child Protection Training
- * Archery Training
- * Pool Lifeguards



FORM C- STUDENT MEDICAL & CONSENT FORM

Student's Name _____ Male / Female

DOB _____ Home Address _____

Parent/Guardian Name _____ Contact Number: _____

**In case of a medical emergency, every effort will be made to notify carers. In the rare event instance that contact cannot be made, please give authorisation for Qualified Practitioners to administer:
ANAESTHETIC (Please circle) YES / NO BLOOD TRANSFUSION (Please circle) YES / NO**

Please list any medical history, concerns or special requirements e.g: Heart problems, respiratory problems, allergies, travel sickness, blood pressure, recent operations, epilepsy, diabetes, recent illness, recent operations, drug reactions (eg. Penicillin Allergy), drugs required, phobias, limited swimming ability or other any other things that staff should be aware of (eg. bed wetting, sleep walking)? – (Dietary requirements on back)

Are there any custodial issues that Runaway Bay SLEC staff should be made aware of? Please outline:

Medicare Number: _____ Number of person: _____ Expiry Date _____

General Practitioner's Name: _____ Ph: _____

Secondary Contact Name: _____ Ph: _____

We aim to capture and share parts of our student's camp journey on **Facebook**. Find us at **'Runaway Bay Sport and Leadership Excellence Centre'**
I give permission for photos to be taken of my student for the purpose of sharing to social media
(Please circle) YES / NO

The Queensland Department of Education requires Risk Assessments to be conducted on all curriculum areas that contain potential hazards. At RBSLEC, specific activities (Stand Up Paddle Boarding, Raft Building, Archery, Swimming/Pool Games, Weight based training & Triathlon) are deemed 'high risk', while Kayaking is classified as an 'extreme risk' activity. To minimise these potential risks, RBSLEC implements strict safety procedures in accordance with the Department's health and safety guidelines. RBSLEC prides itself on its impeccable safety record with all sessions being facilitated by trained and qualified staff.

I (Name).....give permission for my child to participate in adventure-based activities that are considered high or extreme risk by the Department of Education. I understand that at times this may include vehicle transportation to and from learning sites. I hereby authorise the Principal, or their representatives, to obtain such medical attention as may be deemed necessary. I acknowledge that the Department of Education does not have 'Personal Accident Insurance Cover' for children/students and I understand that all costs associated with any injury, including medical costs are the responsibility of the parent/carer.

SIGNATURE REQUIRED (Parent / Guardian) Date //



FORM C- STUDENT MEDICAL & CONSENT FORM (CONTINUED)

Detailed Dietary Requirements

Table for food allergies and intolerances only (Not Dislikes):

Full Name:	Peanuts	Tree Nuts	Soy	Fish or Molluscs	Crustacea	Egg	Milk	Wheat or Gluten	Sesame	Lupins	Sulphites

PLEASE ADVISE ANY ANAPHYLACTIC ALLERGIES:

Table for special diets:

Full Name:	Vegetarian	Vegan	Halal	Other (Please Specify)

I understand that **all menu items** (including those which have been specially prepared for guests with allergies or intolerances) **“may contain”** traces of Allergenic Ingredients due to food being processed on equipment and in an environment where all food types are produced.

*****NOTE: If the presence of trace allergens is at all a concern, guests will need to bring their own food*****

*If a guest fails to advise us of their dietary requirements prior to arrival, we cannot guarantee that a specially prepared meal will be available.

*Guests with food allergies/intolerances will communicate with the chef at the start of each meal service (in conjunction with the teachers).

SIGNATURE REQUIRED (Parent / Guardian) Date / /