February 6th 2012,

Dear Parent/Guardian,

We are excited to announce that the Year 8 camp will be running on August 6th, 7th & 8th 2012. We have chosen to have an adventure camp that will offer your child the opportunity to connect with their peers, challenge themselves, learn new skills and interact with the outdoor environment.

The suggested camp will be to ‘The Summit’ which is an outdoor adventure park with a primary focus on providing inspiring and life changing experiences through a combination of meaningful programs and powerful activities that build self-worth, character, resilience and happiness. (http://www.thesummit.net.au)

Our program will be action packed and will include;

- Initiative and team building games
- Snowy river challenge – obstacle course of mud pits and tunnels
- Leap of faith – learning to trust one another
- Sky bridge & Sky window – facing the fear of heights
- Monster Course – a surprise course that will ensure that the teams work together and get very muddy!

The total cost of the activity would be $245.00.

To secure a place on this camp, a deposit of $50.00 needs to be paid by March 2nd 2012.

**This deposit payment allows the College to confirm our booking. However, the deposit is non-refundable unless the trip is cancelled. If you are able to pay the full amount at any time then please feel free to do so. Please note: All money is due one month before the departure date (June 29th)**

We look forward to your child participating in what promises to be an exciting camp for our Year 8 students.

Details: Year 8 Adventure Camp
Destination/Venue: The Summit, Trafalgar East, Victoria.
Costs: $245.00
Cost information: covers all food, accommodation, activities and expert instruction. There is no shopping or canteen facilities so the above cost is the complete package. We request that regular payments are made and if necessary, please contact Mrs. Bruhn to make arrangements for a payment plan.

**If paid deposits do not reach a total of 100 students (minimum) going on the camp by the above due date, then unfortunately we may have to cancel the camp. We will notify the students of this if it is necessary.**
Please also find a Student Behaviour and Excursion policy attached for all parents to read as we can refuse to allow students to participate due to poor behaviour.

If you have any further queries about the camp, please call Mr. Fleming, Mrs. Anketell or Mrs. Elston during school hours on (03) 5997 1444.

If you need new forms, you are now able to print the camp letter and required forms from the ‘Camps’ section of our website.

Yours faithfully,

MR. K. BRIDGFORD
PRINCIPAL

MR. M. FLEMING
HOUSE DIRECTOR

MRS. I. BRUHN
BUSINESS MANAGER
CREDIT CARD PAYMENT SLIP

STUDENT NAME: ____________________________________________ FORM: _______

CAMP/EXCURSION/ACTIVITY: ____________________________________________

Enclosed is $ ____________ being payment for this CAMP/EXCURSION/ACTIVITY

Card no: ________________ ________________ ________________ ________________

(Please fill in all spaces - cards have 16 numbers on them)

Expiry Date: ________________ Tick Card: ☐Bankcard ☐Visa ☐Mastercard

Name on Credit Card: ____________________________ Signature: ______________________

______________________________________________________________________________

CREDIT CARD PAYMENT SLIP

STUDENT NAME: ____________________________________________ FORM: _______

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______________________________________________________________________________

CREDIT CARD PAYMENT SLIP

STUDENT NAME: ____________________________________________ FORM: _______

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(Please fill in all spaces - cards have 16 numbers on them)

Expiry Date: ________________ Tick Card: ☐Bankcard ☐Visa ☐Mastercard

Name on Credit Card: ____________________________ Signature: ______________________

______________________________________________________________________________
STUDENT PARTICIPATION IN EXCURSIONS, CAMPS AND OFF CAMPUS ACTIVITIES

The College provides many opportunities throughout the year for students to enrich their learning through participation in excursions, camps and off-campus activities.

These events can involve:

- interaction with the public
- interaction with students from other schools
- use of public and private facilities
- structured/unstructured activities where students are trusted to be in a specified area behaving appropriately without a teacher right next to them, while still ensuring that a school’s duty of care responsibilities are being met
- challenging activities where teachers need to know they can count on students to be cooperative with each other and staff and to act in a safe manner

Excursions, camps and off-campus activities provide invaluable opportunities for students to extend their knowledge and understanding beyond the classroom environment. They can see the places they read about, meet the people who have experienced what they are studying and in particular undertake activities directly related to dimensions of VELS: for example, building social relationships, working in teams, community engagement and investigating the real world.

At all times it is necessary to ensure that there is a safe and effective learning environment, that students will follow teachers’ instructions and that any interaction between the students of the college and other people and/or their facilities is appropriate.

The students represent the College and should do so with pride.

In order to facilitate this situation, Kooweerup Secondary College reserves the right to exclude students from specified excursions, camps or off-campus activities where their behaviour prior to an event indicates that they would pose an unacceptable risk to the safe and effective conduct and supervision of the activity.

The process would be

- the college community, especially students and parents, would be informed well in advance of this policy with reminders at the start of each school year
- warnings could be given to students and their parents where escalating behavioural problems indicate that the policy may end up being implemented
- faculty teachers or student management personnel would nominate students they wish to be excluded and provide reasons why
- Following advice from the Assistant Principals, this information would be passed on to the Principal for his/her final determination

Where students are excluded:

- alternative work/resources would be provided where necessary to meet the requirements of a subject so that the student’s understanding of a topic was not disadvantaged
- the student would be placed in an appropriate class at school while other members of the class were absent

**Evaluation:**

- This policy will be reviewed as part of the school’s three-year review cycle, and at other times if required.
EXCURSION / ACTIVITY PERMISSION SLIP
Please return this form to the College together with payment (if required)

TITLE OF EXCURSION / ACTIVITY: Year 8 ‘The Summit’ Adventure Camp

EXCURSION / ACTIVITY DATE: Monday 6/8/2012 – Friday 8/8/2012 COST OF EXCURSION: $245.00

PERMISSION
I give permission for my child (please print name) to attend the above mentioned excursion /activity and for Koowrearup Secondary College to obtain appropriate medical/emergency attention for my child if no parent or guardian can be contacted at the time. I acknowledge and accept that circumstances may occur when it is necessary for Koowrearup Secondary College to arrange immediate medical treatment in an emergency situation, even involving hospitalization, surgery and the administering of anesthetics. I authorise Koowrearup Secondary College to act in such circumstances with the interests and welfare of my child in mind.

- Please be aware that if emergency medical treatment is required, parents/guardians are responsible for paying costs of medical treatment for injured students, including any transport costs. I furthermore give permission for my child to travel to the venue mentioned above by bus, train and foot.

I also realize that no refund shall be given in the event of my son/daughter not participating in this excursion/activity due to excursion/activity costs already being paid. If the excursion/activity is cancelled due to not enough participants the money shall be refunded. Payment of the excursion/activity money must be paid prior to close off date otherwise it is not guaranteed that the student will be able to participate.

STUDENT BEHAVIOUR
I acknowledge that during the excursion/activity, acceptable standards of behavior will be expected of the students. I understand that in the event of my child’s serious misbehavior during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with their return will be my responsibility.

MEDICAL DETAILS
Is your child presently taking tablets and / or medicine? YES □ NO □

If yes, please state name of medication, dosage, etc. __________________________________________________________

Please supply medication for this day if required.

Name and address of Family Doctor: __________________________________________________________

Phone number of Doctor: __________________________ Medicare No: __________________________

Ambulance Cover: YES □ NO □ Policy No: __________________________

List medical information / allergies in case of emergency: ______________________________________________________

EMERGENCY CONTACTS (please print)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
<th>Contact Number/s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURES
Parent/Guardian’s Name: __________________________ (please print)

Parent/Guardian Signature: __________________________ Date: __________________________

Parent/Guardian’s Emergency Telephone Number: __________________________

Student Name: __________________________

Student Signature: __________________________

General: Excursions: Permission Form
CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS/EXCURSIONS
(Please complete and return as soon as possible)

This report is intended to assist the school in case of any medical emergency with your child.
All information is held in confidence and these forms will be destroyed after the camp or excursion.

TO __________________________ ON __________________________

Child’s
Name __________________________

Date of Birth __________________________ School Year __________________________

Parent’s/Guardian’s Full Name __________________________

Address __________________________________________ __________________________________________

Postcode __________________________

Emergency Telephone:  After Hours __________________________ Business Hours __________________________

Name/Address/Telephone Number of Family Doctor __________________________________________

Medicare No. __________________________ Ambulance Subscription No. __________________________

Medical/Hospital Insurance Fund __________________________ Contribution No. __________________________

Please tick if your child suffers any of the following:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedwetting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizzy Spells</td>
<td></td>
<td></td>
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<tr>
<td>Blackouts</td>
<td></td>
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<tr>
<td>Penicillin</td>
<td></td>
<td></td>
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<tr>
<td>Any Foods</td>
<td></td>
<td></td>
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<tr>
<td>Heart Condition</td>
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<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What special care is recommended?

Tetanus Immunisation: Last tetanus immunisation was __________________________. If over ten years since last immunisation, please tick if booster is to be arranged by parents/guardians before the camp. __________________________ Booster date __________________________

Tablets and Medicines:

1. Is your child presently taking tablets and/or medicine? YES / NO
   If YES, please state name of medication, dosage etc __________________________

2. All medicines must be handed to the teacher in charge prior to leaving, with your child’s name, the dose to be taken and when it should be taken. (These will be kept in the first aid centre and distributed as required). Please do not allow children to be in possession of any medicine while on the camp or excursion.

Previous Experience: Is this the first time your child has been away from home? YES / NO

CONSENT TO MEDICAL ATTENTION:
I authorise the teacher in charge of the excursion/tour to consent, where it is impracticable to communicate with me to the child receiving such medical or surgical treatment as may be deemed necessary and I agree to meet any expense incurred therein.

Signed: __________________________ Date __________________________

The Department of Education requires this consent to be signed for all children attending school camps or excursions.
### SCHOOL ASTHMA ACTION PLAN

This record is to be completed by parents/carers in consultation with their child’s doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child’s asthma so we can better manage asthma while your child is in our care. The information on this plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this plan or if you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.3.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools’ Reference Guide).

**Student’s Name** ____________________________________________

**Gender** M F **Age** ______ **Date of birth** / / **Form/Class** __________

**Emergency Contact (e.g. Parent/Carer)** __________________________ **Relationship** __________

**Phone:** (H) __________________ (W) __________________ (M) __________

**Doctor’s Name** ____________________________________________ **Phone** __________

**Ambulance Subscriber** Yes No **Subscriber number** __________

Does this student have any other health plans? Yes No If so what are they?

### USUAL ASTHMA ACTION PLAN

<table>
<thead>
<tr>
<th>Usual signs of student’s asthma</th>
<th>Worsening signs of student’s asthma</th>
<th>What triggers the student’s asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheeze ________________________</td>
<td>Increased signs of:</td>
<td>Exercise ____________________</td>
</tr>
<tr>
<td>Tightness in chest ____________</td>
<td>Wheeze ________________________</td>
<td>(refer to managing EIA)</td>
</tr>
<tr>
<td>Coughing ____________</td>
<td>Tightness in chest ____________</td>
<td>Colds/Viruses ____________</td>
</tr>
<tr>
<td>Difficulty breathing __________</td>
<td>Coughing ___________</td>
<td>Pollens ____________</td>
</tr>
<tr>
<td>Difficulty speaking __________</td>
<td>Difficulty breathing ____________</td>
<td>Dust ____________</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Difficulty speaking ____________</td>
<td>Other Triggers (please describe)</td>
</tr>
</tbody>
</table>

**Managing Exercise Induced Asthma (EIA)**

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take their blue reliever medication 5-10 minutes before warm up, then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 4 minutes. If the symptoms improve, they may resume activity. If their symptoms reoccur, recommence treatment. THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES and the parent/carer should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

**Does the student need assistance taking their medication?** Yes No If yes, how? __________

**Asthma medication requirements usually taken:** (including relievers, preventers, symptom controllers, combination)

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Flixotide, Ventolin)</th>
<th>Method (e.g. puffer &amp; spacer, dry powder inhaler)</th>
<th>When and how much? (e.g. at home, 1 puff in morning and 1 at night, before exercise)</th>
</tr>
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</tbody>
</table>

© The Asthma Foundation of Victoria June 2008
SCHOOL ASTHMA ACTION PLAN

Asthma First Aid Plan

Please tick preferred Asthma First Aid Plan

☐ Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.

2. Without delay shake a blue reliever puffer (Aironir, Asmol, Epaq or Ventolin)* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff.

3. Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.

4. If there is still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

* A Bricanyl Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable. If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

OR

☐ Student's Asthma First Aid Plan (if different from above)

---

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent’s/Guardian’s Signature: ___________________________ Date: ___ / ___ / ___

Doctor’s Signature: ___________________________ Date: ___ / ___ / ___

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly® Schools Program or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or www.asthma.org.au or www.asthmafriendlyschools.org.au.
Information for Parents - Anaphylaxis Management in Schools

The Victorian Government is committed to providing a safe and supportive environment in which children diagnosed at risk of anaphylaxis can participate equally in all aspects of their schooling.

As of 14 July 2008 the Children’s Services and Education and Training Reform (Anaphylaxis Management) Amendment Act 2008 will come into effect. The legislation requires that all schools across Victoria must have an Anaphylaxis Management Policy in place if they have a student enrolled who has been diagnosed at risk of anaphylaxis. Schools are required to have in place:

- individual management plans for each child diagnosed at risk
- a communication plan to inform staff, parents and students about anaphylaxis and the school policy
- procedures to ensure that appropriate staff are trained

What is anaphylaxis?

Anaphylaxis is a severe allergic reaction to a substance, most commonly nuts, egg, milk, wheat, soy, seafood, some insect stings and medications.

Anaphylaxis can be life threatening, but with proper management and prevention strategies in place the risks can be substantially reduced.

Some symptoms of anaphylaxis include swelling of the lips, face and eyes, difficulty breathing, abdominal pain and/or vomiting and loss of consciousness.

What is the responsibility of the parent/guardian of a child who has been diagnosed at risk of anaphylaxis?

The parent/guardian must:

- inform the school staff of the diagnosis and its causes
- discuss strategies with the school
- work with the school to develop an individual Anaphylaxis Management Plan for your child (in consultation with your child’s doctor)
- provide copies of an ASCIA action plan for the child, with up to date photographs
- supply the school with the child’s Epipen® and ensure it has not expired
- inform the school if your child’s medical condition changes

What is the school’s responsibility to a child who is at risk of Anaphylaxis?

The school must:

- have in place an anaphylaxis management policy
- work with parents to develop individual Anaphylaxis Management Plans for students diagnosed at risk of anaphylaxis
- have in place a communication plan to provide information to staff, students and parents about anaphylaxis and the schools anaphylaxis management policy
- know the students who are at risk of anaphylaxis
- liaise regularly with parents
- follow information contained in the student’s Anaphylaxis Management Plan
- be trained in how to recognise and respond to an anaphylactic reaction
- in the event of a reaction follow the procedures in the student’s ASCIA Action plan

Where can I get more information on Anaphylaxis?

For more information go to http://www.education.vic.gov.au/healthwellbeing/health/anaphylaxis.htm

For further information on anaphylaxis management in schools please contact your school or your local Department of Education and Early Childhood Development Regional Office, Catholic Education Office or Association of Independent Schools in Victoria.