Year 10 Outdoor Education Camp 2014

Dear Parents/Guardians

I am writing to you with regards the upcoming Year 10 Outdoor Education Camp to be held **Monday 17 November to Friday 21 November**.

The Year 10 camp is run by Outdoor Education Group (OEG) and is based in at Bileola in the Bangadilly National Park. During the expedition students will canoe, rock climb, Mountain bike, learn to prepare for the outdoor elements, camp in tents and cook for themselves. The boys will be accompanied by a Tutor/teacher from St Augustine’s College and a qualified instructor from OEG.

Transport to the venue will be by coach and they will depart the College from the Alfred St gates between 7:30 – 8am. Students will need to be at school **no later than 7:00am** on the morning of Monday 17 November. Coaches will return to the same College gates between 4 pm and 4.30pm on Friday 21 November.

The College will be using contact and medical information from our data base and as such it is important that all medical and contact details are current and, where necessary, revised for 2014. If your son has asthma, allergies or other medical conditions, parents must refer to the additional attached forms. Please note that if you answer ‘yes’ to any of the Key Questions on these forms, then a Fitness to Participate form (also attached) must be signed by a doctor and returned to school. I ask that all students return the attached permission slip plus other medical forms, if required, to the Tutor by **Friday 10 October**.

Further information regarding the camp will be given to the students with a visit from a representative from OEG in Week 3 of Term 4. This letter, as well as the attached documents are available on the College website under **College Life / Senior School / Outdoor Education**.

The Outdoor Education group will provide all basic camping equipment including tents, food, backpacks and rain jackets, though students will need to supply their own sleeping bags as well as what is outlined in the equipment list attached. **Please note students will need to bring lunch and morning tea on day one.**

**We emphasise that this camp is a compulsory College activity** and unjustified absences will compromise attendance to the dinner dance. The activities are designed to include all students. If you have any significant concerns or specific information, including special dietary requirements, that you believe will impact on your son’s involvement, please contact me at the College on 9938 8295 or email iwelch@saintaug.nsw.edu.au

Yours sincerely

Ilona Welch
Year 10 Student Formation Leader
To Whom It May Concern,

I hereby give permission for my son______________________________ of Tutor group 10.__

to attend the Outdoor Education Group (OEG) camp to be held on Monday 17 November to Friday 21 November.

I have accessed and read through the information attached and have ensured that contact and medical information is up-to-date.

Parent /Guardian signature ________________ Date: ________________
YOUR CLOTHING AND EQUIPMENT LIST

Please read this carefully!!! It is vitally important, both from a point of view of **SAFETY** and **YOUR ENJOYMENT**, that you take with you **everything** that is on this list and of course you don't take things that are not on the list. The equipment and clothing list has been based on many years of experience and development. PLEASE TAKE HEED OF IT! If there is anything that you do not understand or are having trouble finding, talk to your friends, your teachers and your family.

In a nutshell, all your clothing and equipment needs to serve 5 basic functions:

1. It must keep you warm
2. It must keep you and your gear dry
3. It must be as light as possible
4. It must be suitable for a range of weather conditions, including the extremes of heat and cold
5. It must offer skin some protection from exposure to both UV radiation and fire

When you are packing keep all of these things in mind. For example, an enormous puff jacket might be warm, but it will be heavy, and will not go well in the wet. The better option would be 2 thin woollen jumpers, which are lighter and more versatile.

This list assumes you will have three sets of clothes: one set for travelling to and from the camp (you won't need to carry these during the camp itself); one is for during the day and during activities; and the final set as a spare for changing into at campsite if you get wet.

### CLOTHING

<table>
<thead>
<tr>
<th>1 set of travelling clothes</th>
</tr>
</thead>
</table>

#### PROGRAM CLOTHING (see notes on the website)

(You Tick as you pack)

<table>
<thead>
<tr>
<th>2 Thin woollen jumpers or fleece</th>
<th>1 pair per day (max) of thick socks e.g. Explorers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 set of thermals (top and bottom)</td>
<td>1 pair per day (max) of underwear</td>
</tr>
<tr>
<td>2 shirts (long sleeves are good)</td>
<td>1 broad brimmed sunhat (cotton)</td>
</tr>
<tr>
<td>1 pair long pants (see notes)</td>
<td>1 pair Sunglasses</td>
</tr>
<tr>
<td>2 pair shorts</td>
<td>1 pair walking boots/shoes (see notes)</td>
</tr>
<tr>
<td>1 Beanie</td>
<td>1 pair Wet shoes (see notes)</td>
</tr>
</tbody>
</table>

#### CAMPING EQUIPMENT (see notes following)

(You Tick as you pack)

<table>
<thead>
<tr>
<th>1 Sleeping bag</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 <strong>Small</strong> lightweight torch and battery and spare globe</td>
</tr>
<tr>
<td>3 Strong <strong>large</strong> garden tidy plastic bags (orange ones)</td>
</tr>
<tr>
<td>6 Strong large rubbish bin plastic bags</td>
</tr>
<tr>
<td>3 Supermarket plastic bags</td>
</tr>
<tr>
<td>4 Strong rubber bands or hair elastics (for tying plastic bags up)</td>
</tr>
<tr>
<td>1 Plastic bowl, mug, fork &amp; spoon</td>
</tr>
<tr>
<td>3L Water bottles</td>
</tr>
<tr>
<td>1 Cleaning kit (in plastic bag) - 1 scotchbrite, 4 Jex Pads, tea-towel</td>
</tr>
<tr>
<td>1 Whistle on cord</td>
</tr>
</tbody>
</table>

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### PERSONAL ITEMS
Tick as you pack

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any personal medication e.g. Ventolin, allergy medication</td>
<td>(make sure this is on your medical form)</td>
</tr>
<tr>
<td>Toiletries</td>
<td>comb/brush, toothbrush, toothpaste</td>
</tr>
<tr>
<td>Sunscreen and lip balm</td>
<td></td>
</tr>
<tr>
<td>Toilet paper in two snap lock plastic bags</td>
<td></td>
</tr>
<tr>
<td>High energy munchies - Trail mix - dried fruit, chocolate, jelly beans</td>
<td><strong>no wrapped lollies.</strong></td>
</tr>
<tr>
<td></td>
<td>OEG has no obvious nut product on all programs, can please assist us in keeping the trip a nut free environment by not bringing any as snacks.</td>
</tr>
<tr>
<td>Personal 1st aid kit (e.g. band aids, roller bandage, strapping tape)</td>
<td></td>
</tr>
</tbody>
</table>

### OPTIONAL

Camera in 2 plastic bags  
Book to read  
Insect repellent  
Diary/journal for writing (include a pen!)

### OEG ISSUED EQUIPMENT

Waterproof Japara jacket and over pants  
Backpack  
Stove and fuel bottle  
Sleeping Mat  
Maps and Compass  
Tent (2 person)  
Safety Equipment  
All activity equipment

### DO NOT TAKE THE FOLLOWING:

- Mobile Phones  
- iPod/MP3/Mini Disk etc  
- Wrapped lollies  
- Electronic Games (eg Nintendo)  
- Any items that are against normal school rules

Note to parents: Please do not allow your child to bring any of the above items, especially mobile phones. We have experienced difficulty in the past with phones being lost/damaged etc. The Outdoor Education Group organises the best possible communication system (eg radio/phone/sat phone), and in the event of any situations/incidents, to prevent any confusion or double messages it is vitally important that the official communication methods are the only means used.

*Thank you for your support in this matter.*
# Student Medical Form

The purpose of this form is to help us prepare for your child’s program. This information is confidential and students will not normally be excluded for medical reasons.

**SCHOOL:** __________________________________________________________

**Form/Class:** ________________________________________________________

**STUDENT’S NAME:** _______________________________________________

**D.O.B:** ____/____/______ Male □ Female □

**Medicare No:** ____________________________ **Valid to:** __________________

**Line #:____**

**Doctor’s Name:** ______________________________

**Telephone:** _________________________________

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## Medical History

<table>
<thead>
<tr>
<th><strong>Asthma</strong></th>
<th>[ ] No</th>
<th>[ ] Yes</th>
<th><strong>Additional information:</strong> If YES, complete the “Asthma Management Form”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergies</strong></td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td>If YES, complete the “Allergic Reaction Management Form”</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td>If YES, attach current management/care plan. A <em>Fitness to Participate</em> form signed by treating doctor will also be required.</td>
</tr>
<tr>
<td><strong>Epilepsy</strong></td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td>If YES, a <em>Fitness to Participate</em> form signed by treating doctor will also be required.</td>
</tr>
<tr>
<td><strong>Joint/Muscle/Skeletal issues?</strong></td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Sight/Hearing impairment</strong></td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td><strong>Date and Nature of injury/illness</strong></td>
</tr>
<tr>
<td><strong>Is your child currently on any medications?</strong></td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td><strong>Name of medication, dosage and requirements (e.g. with food, AM or PM)</strong></td>
</tr>
<tr>
<td><strong>Other: medical condition(s) that may affect participation?</strong></td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td><strong>Any physical health issue(s) that require attention or specific support</strong></td>
</tr>
<tr>
<td><strong>Other: learning, psychological, emotional or behavioural issues?</strong></td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td><strong>Any concern(s) that require attention or specific support (e.g. management strategies for a successful experience)</strong></td>
</tr>
</tbody>
</table>

## Dietary

| **Any special requirements?** | [ ] No | [ ] Yes | **Details to assist in menu planning (e.g. vegetarian, will eat fish; gluten-free, separate stove)** |

## Swimming Ability

| My child can swim 50 metres | [ ] No | [ ] with a struggle | [ ] Comfortably | [ ] Strongly |

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**Parent or Guardian – Primary Emergency Contact:**

**Name:** ____________________________________________

**Relationship:** ______________________________________

**Phone:** (Home): ______________________ (Work): ______________ (Mobile): ___________________

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Please note: OEG may require, after reviewing this information, that your child visits a doctor to gain approval to participate. This will be determined after this form is received by OEG and in consultation with you.

Office use only:

I declare that the information which I have provided on this form is complete and correct and that I will notify the school if any changes occur. I authorise the teacher or any employee of the Outdoor Education Group who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for OEG to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child. I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on the OEG website: (oeg.org.au).

**Name:** ____________________________ **Signed:** ________________________ (Parent/Guardian) **Date:** ____________________________

Photograph Consent: I consent to my child being photographed and/or visual images of my child being taken during activities, for use in OEG publications, on the OEG website, or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation. (Strike out this sentence if you do not consent)

Student Evaluation Consent: I give consent for my child to complete the pre and post program course evaluation survey as part of the Outdoor Education Group continuous improvement process. Survey available at oeg.org.au. (Strike out this sentence if you do not consent)
Asthma Management Form

Participant’s Name: ____________________________________________________________

Name of doctor treating the participant for this condition: ____________________________________________________________

Doctor’s Contact Phone Number: ____________________________________________________________

1) USUAL ASTHMA ACTION PLAN

Usual signs of participant’s asthma:
- [ ] Wheeze
- [ ] Tight Chest
- [ ] Cough
- [ ] Difficulty breathing
- [ ] Difficulty talking
- [ ] Other ________________________

Signs participant’s asthma is getting worse:
- [ ] Wheeze
- [ ] Tight Chest
- [ ] Cough
- [ ] Difficulty breathing
- [ ] Difficulty talking
- [ ] Other ________________________

Participant’s Asthma Triggers:
- [ ] Cold/Flu
- [ ] Exercise
- [ ] Smoke
- [ ] Pollens
- [ ] Dust
- [ ] Other (please describe) ________________________

ASTHMA MEDICATION REQUIREMENTS (Including relievers, preventers, symptom controllers, combination)

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Ventolin, Flixotide)</th>
<th>Method (e.g. puffer and spacer, turbuhaler)</th>
<th>When and how much? (e.g. one puff in morning and night, before exercise)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the participant need assistance taking their medication? Yes [ ] No [ ] If yes, how? ________________________

Any other information that will assist with the asthma management of the participant while on camp (e.g. peak expiratory flow, night time asthma or recent attacks)

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

2) ASTHMA FIRST AID PLAN (Please tick preferred Asthma First Aid Plan)

☐ School Asthma Policy for Asthma First Aid

Step 1  Sit the person upright
- Be calm and reassuring
- Do not leave them alone.

Step 2  Give medication
- Shake the blue reliever puffer
- Use a spacer if you have one
- Give 4 separate puffs into a spacer
- Take 4 breaths from the spacer after each puff

*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer.
Giving blue reliever medication to someone who doesn’t have asthma is unlikely to harm them.

Step 3  Wait 4 minutes
- If there is no improvement, repeat step 2.

Step 4  If there is still no improvement call emergency assistance (DIAL 000).
- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance

Call emergency assistance immediately (DIAL 000) if the person’s asthma suddenly becomes WORSE.

PAGE 1 of 2
- In the event of an asthma attack, I agree to the participant receiving the treatment described above.
- Notify in writing if there are any changes to these instructions.

3) **KEY QUESTIONS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Has asthma interfered with participation in physical exercise within the past 12 months</td>
<td>NO [ ] YES [ ]</td>
</tr>
<tr>
<td>b.</td>
<td>Has the participant required hospitalization due to asthma in the past 12 months?</td>
<td>NO [ ] YES [ ]</td>
</tr>
<tr>
<td>c.</td>
<td>Has the participant been on oral cortisone for asthma within the past 12 months (e.g. Prednisone, Cortisone, etc.)?</td>
<td>NO [ ] YES [ ]</td>
</tr>
<tr>
<td>d.</td>
<td>Has the participant suffered sudden severe asthma attacks requiring hospitalization within the past 12 months?</td>
<td>NO [ ] YES [ ]</td>
</tr>
<tr>
<td>e.</td>
<td>Does the participant require the use of a nebulising pump as a part of your regular or emergency asthma treatment?</td>
<td>NO [ ] YES [ ]</td>
</tr>
</tbody>
</table>

4) **IMPORTANT NOTE**

*If any of the "KEY QUESTIONS" a, b, c, d, or e above are answered "Yes", the decision for the participant to attend rests with their doctor. A "Fitness to Participate" form must be completed by the doctor (attached). Please bring this form to the doctor with you.*

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct and that I will notify the school if any changes occur. I further declare that if my child (or I for adults) is/am unable to self administer supplied medication, I give permission for trained OEG staff to administer the supplied emergency medication. I give permission for OEG to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child (or myself for adults). I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on the OEG website: (oeg.org.au).

Name: ___________________________ Signature: _____________________ Date: _______________

PAGE 2 of 2
If necessary, seek the advice of your doctor when completing this form.

A DOUBLE DOSE OF ALL REQUIRED MEDICATION FOR THE PARTICIPANT’S ALLERGIC REACTION MUST BE BROUGHT ON THE COURSE AND NOTED ON THE MEDICAL FORM (e.g. if Epi-Pens or any other type of Auto Injector is required two must be supplied and brought on program).

Student’s Name: ____________________________

Name of doctor treating the student for this condition: ____________________________________________

Doctor’s Contact Phone Number: ____________________________

1. What is the student allergic to?
   - Please Specify:
     (e.g. Alex is allergic to penicillin and sulphur-based medications)

2. What are signs and symptoms of the person’s reaction?
   - Low - a localised reaction (rash, itching, swelling at the site the trigger/irritant enters)
   - Moderate - a systemic reaction (rash, itching, swelling away from the site that trigger/irritant enters)
   - Severe - an anaphylactic reaction (severe breathing problem, total body swell, emergency situation)

Please give details:

3. What medication does the participant take (if any) for their allergic reaction?

4. Medication and treatment to be used during emergency situations:

"KEY QUESTIONS"

5. Has the participant required hospitalisation due to allergies in the past 12 months? NO [ ] YES [ ]

6. Has the participant suffered a systemic or an anaphylactic reaction (see question 2 for definition), to their allergy when triggered in the last 10 years? NO [ ] YES [ ]

7. Does the person take, or has the person been prescribed adrenaline (Epi-pen or similar), when suffering an allergic reaction? NO [ ] YES [ ]

IMPORTANT NOTE:

If any of the "KEY QUESTIONS" 5, 6 or 7 above are answered "Yes", the decision for the participant to attend rests with their doctor. A “Fitness to Participate” form must be completed by the doctor (attached). Please bring this form to the doctor with you.

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct. I further declare that if my child (or I for adults) is/am unable to self administer supplied medication, I give permission for trained OEG staff to administer the supplied emergency medication. I give permission for OEG to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child (or myself for adults). I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on the OEG website: (oeg.org.au).

Name: ____________________________ Signature: ____________________________ Date: _______________

*Allergenic Reaction Management Form*
Fitness to Participate Form

School Name: _____________________________ Year Level: ____________

Name of Participant: _________________________ D.O.B. ______________________________

Specific Medical Condition: (e.g. Asthma, Allergies, Epilepsy, Diabetes): __________________

Notes to treating doctor

This patient is scheduled to participate in an Outdoor Education program and has self-identified a pre-existing medical condition on their medical form.

Outdoor Education programs with OEG are centred in a ‘semi-wilderness’ setting, meaning that professional medical care may be from one to six hours away. All programs include regular physical exercise and activities may include; bushwalking (with packs), camping, cycling, rock climbing, rafting, or canoeing. We operate in all weather conditions. Should you require any further information on the program, please contact us at (03) 5770 8200 and quote the name of the client organisation and year level listed at the top of this page.

OEG staff holds Wilderness First Aid qualifications (either three or seven day minimum, depending on remoteness from professional medical assistance). This training is based on assessing and treating a patient in a remote or wilderness setting (more information available at http://www.wms.org/).

Doctor to complete:

Based on this information above and the patient’s condition, we ask that you decide on this person’s suitability to participate in the upcoming program. If approved, please include specific treatment protocols to follow in the event of an emergency.

Do you approve this participant attending an Outdoor Education program, based on their current medical condition, coupled with the demands of the program?

□ Yes    □ No

What treatment protocol are you willing to authorize for this patient in the case of a medical emergency, in a remote location (i.e. one or more hours away from medical care)?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What should the OEG staff managing this participant in the field be informed/aware of, in regards to the particular situation for this patient? What are the recommended parameters for participation in the activities?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Name of Doctor: ________________________________________ Phone: _________________________

Signature of Doctor: ____________________________________ Date: ____________

I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on the OEG website: (oeg.org)