

Principal

# THE WILLOWS STATE SCHOOL

## Excellence is the Standard

### **Year 6 Leadership Camp Magnetic Island 2023**

21 April 2023	Name:	Class:
Dear Parent/Carer		
·	Magnetic Island is fast approaching and o at attend to some important organisational	our students are getting very excited! Before I matters.
Payment A second payment of \$150 will be June 2023. Full payment must		t (approximately \$130) will be due on <b>13</b> <sup>th</sup>
labelled by a chemist, which co	ents during the school camp, the school renstitutes medical authorisation, this includation, please contact the school to collect a	•
<b>Dietary Requirements</b> If your child is intolerant or allerginformation, and submit it along v	c to any foods, please complete the dietar	ry section below with the relevant
	un and exciting activities on the camp. Ac eachers: Stand up Paddle Boarding, Abse	ctivities are run by fully qualified instructors eiling, Catapults, Raft Building, Radio
listed on the attached equipment	list. Students will not need a stinger suit	ot need to bring any other items that are not as camp will be held out of stinger season. h to take photographs, please provide your
class is attending camp. Camp g when finalised. From the termina	e camp location at Picnic Bay. Further info	ged and will be communicated to families ferry where we will be met by Apex Camp
•	mation pack thoroughly and return all nec rther information about the camp, please outy Principal) on 4799 1333.	
Yours sincerely  MR Down  Michelle Donn	CELL Cameron Tod	
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**Deputy Principal** 

### SUGGESTED ITEMS TO BRING

#### Clothing

- Set of comfortable clothing for each day at camp
- Shorts or pants must be minimum mid-thigh length
- Shirts must be minimum short sleeve & cover waist recommend collared
- 1 x spare set of clothes
- Tracksuit, jumper/jacket
- Socks for each day including spare socks
- Underwear for each day including spare underwear
- Pyjamas
- Bathers, swimming shirt & board shorts
- Thongs/crocs for shower
- Closed in shoes (sneakers)
- 1 x pair of old sneakers for water/muddy activities (closed in shoes must be worn crocs are not acceptable)

#### Safety

- Insect repellent
- Raincoat
- Hat
- Sunscreen
- Torch
- Hair ties for long hair

#### **Personal Hygiene**

- Garbage bags for dirty laundry & wet items
- Toilet bag with soap, toothbrush, toothpaste, deodorant, brush/comb, face washer etc
- Bath towel & beach towel
- Pegs to hang wet towels, swimwear etc on the clothes line
- Medications & medical instructions (if relevant) please provide to teachers/supervisors

### Sleeping

- Pillow with pillowcase
- Sleeping bag or sheet & blanket

#### **Equipment**

- Water Bottle
- Small back pack or bag

#### **PLEASE DO NOT BRING**

- Skirts these are not suitable for activities
- Your best clothes or shoes items worn on camp are likely to get dirty
- Expensive personal items or wear non-essential jewellery
- Students are not permitted to bring any electronic devices

#### **IMPORTANT NOTES**

- Please be Sun Smart AT ALL TIMES sunscreen must be brought & applied before arrival at camp
- Closed in shoes are a MUST for activities and in the dining room
- Apex Camps are located in bush/coastal environments—insect repellent must be brought & applied before arrival at camp

## Student health information – Year 6 Camp

This form is to provide school staff organising excursions, camps or other off-site school activities with confidential health information about a student which may affect their full participation in the activity.

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Privacy	Statement

The Department of Education is collecting this personal information in order to support the health needs of the named student during the excursion identified below. The information will only be used by authorised employees of the department. The information will not be given to any other person or agency unless we have your consent, or we are required by law to do so.

Name of excursion	Year 6 Camp 2023					
Date/s of excursion	17 <sup>th</sup> -19 <sup>th</sup> July 2023 / 19 <sup>th</sup> -21 <sup>st</sup> July 2023					
1: Student & parent/carer details						
Student name						
Date of birth		Year lev	vel / Class			
Parent/carer name						
Medicare number						
Private Health Insurance Fund name		Membership number				
Medical practitioner name		Contact phone number				
2: Health conditions						
2.1. Does the student have has not been previous	any health conditions that the scho	ol 🗖	Yes (go to 2.2)		No (go to 2.3)	
2.2. Indicate the student's health condition/s:  ☐ Asthma ☐ Anaphylaxis ☐ Diabetes ☐ Epilepsy ☐ Other: ☐ Contact the student's teacher/activity coordinator as soon as possible to plan for any support or reasonable adjustments required to manage the student's health condition. For example, if the student requires medication or if they require additional overnight support e.g. catheterisation, gastrostomy, blood glucose testing.						
2.3. Does the student have any current or previous injuries that may affect their participation that the school has not been previously advised of?		res (go to 2.4) □ No (g		No (go to 3)		
2.4. Describe the injury:						
3: Medication requirements						
3.1 Will the student require medication during this excursion?		☐ Yes (go to 3.2	?)	□ No (go to 4)		
3.2 Does the student requi	re staff to administer their medication?		☐ Yes (go to 3.4)		☐ No (go to 3.3)	
3.3 Does the student have approval to self-administer their medication at school?			□ Yes		□No	
3.4 Does the medication re	lication require special storage?		□Yes □ I		□ No	
If the answer was <b>YES</b> to any of the questions above:						

•	contact the school office/activity coordinator as soon as possible to ensure that the student's medication
	needs can be supported.

• complete and attach a <u>Consent to administer medication</u> form and any relevant advice from the health practitioner e.g. action plan, letter, medication order

4: Dietary requirements						
4.1 Does the student have specific di	etary requirements?	☐ Yes (go to 4.2 8	□ No (go to 5)			
4.2 List the foods/ingredients your child is NOT to eat:						
4.3. Describe the reason/s why the student cannot eat the above foods/ingredients e.g. religious, cultural, allergic/anaphylaxis, vegetarian:						
5: Travel and away-from-home issue	es					
5.1. Does the student experience travel/motion sickness?  If <b>YES</b> and the student requires medication for travel/motion sickness, complete the <u>Consent to administer medication form</u> and provide the school with the medication.			□ Yes	□ No		
5.2 Does the student require night bedwetting management or require an appliance / device at night to support a health condition?			☐ Yes	□ No		
If <b>YES</b> , describe what aid / appliance / support is required:						
<ul><li>5.3 Does the student sleep walk, have night terrors, have fears/phobias, experience anxiety, or have any other issue/s that may impact on their participation in this excursion?</li><li>If YES, describe the actions required to manage these:</li></ul>				☐ Yes	□ No	
6: Water Competencies						
6.1. My child is a <b>confident</b> swimmer				☐ Yes	□ No	
6.2. My child is a swimmer that <b>may require assistance</b>			☐ Yes	□ No		
6.3. My child is <b>not a swimmer</b> and <b>has difficulty swimming</b>			□ Yes	□ No		
7: Declaration						
I have reviewed the information provided in this form and confirm that this information is accurate.						
Name of parent/carer/student*						
Signature			Date:			

<sup>\*</sup> Students who are independent, mature-age or over 18 years of age, may complete this declaration themselves.