

Ref: 174/09

23rd October 2009

Dear Parents/Guardians

## **AIMING HIGH ORIENTATION 2010 OVERNIGHT CAMP AT CLIFFORD PARK**

The highlight of the Aiming High Orientation Program is the annual overnight camp held at Clifford Park in Wonga Park. Next year's camp is in the first full week of school (Tuesday February 2 – 3, 2010). Please read the following information and ensure you have all of the equipment you need prior to the end of the year.

- Dates and Time:** 8.30am Tuesday February 2nd – 3.00pm Wednesday February 3rd, 2010
- Location:** Clifford Park (Scout Activity Centre), Melways Ref – 24 J6
- Cost:** \$85.00 (**payable at the General Office no later than Friday December 11, 2009**) This cost includes payment for **workbooks for 2010.**
- Teachers Attending:** Mrs Kati Recinos, Mr Steven Scott, Mr Simon Braknys and other staff members to be confirmed closer to the camp date.
- Transport:** Students are to arrange their own transport to and from the camp.

### **Emergency contact details:**

If you need to contact your son or daughter anytime during the overnight camp the contact number is: **0425 869 836**. If you cannot get through on the mobile phone ring the school for after hours contact numbers.

### **Essential camp information:**

Attached to this information is a list of equipment and clothes that students are required to bring. Please note that **THONGS ARE NOT TO BE WORN AT THE CAMP, AND BRING AEROGUARD**. Remember the overnight camp is **not a fashion parade and the older the clothes the better!** Clothes should also be suitable for physical activity as students will be very busy during both the night and day time.

Please note that there are toilets and showers located at the campsite, so students should bring a toiletries bag with the relevant items including a towel, soap etc.

Official camp medical and consent forms are attached to this notice. **If your child's medical information changes over the holidays please notify the college on the first day back to school.** These forms are due back to the college by **Friday December 11th 2009.**

Students are expected to find their own tent sharing partner. No more than three students are permitted in any one tent, and one of the students must have a suitable tent that is weather proof. Students must check their tent during the holidays to ensure they know how to assemble it and that all the 'bits and pieces' are still with the tent. **PLEASE RETURN THE ATTACHED REPLY SLIP AS SOON AS POSSIBLE.**

Students are required to bring **morning tea and lunch on the first day**. All other meals will be provided. Please let Mrs Recinos know of any special dietary requirements via the attached Camp Medical Information Form (e.g. allergies etc.).

Please note that the camp price includes the student's workbooks for the year. The books will be distributed by the Aiming High teachers throughout the year.

If you do have any questions at all or there is some equipment you cannot get a hold of please contact Mrs Kati Recinos at school ASAP.

Yours faithfully,

Kati Recinos  
Middle Sub School Coordinator

John Ballagh  
Acting Principal

**PARKWOOD SECONDARY COLLEGE**

**AIMING HIGH ORIENTATION CAMP 2010 REPLY FORM**

**TO BE RETURNED BY FRIDAY 11th DECEMBER 2009**

Please indicate below whom you will be sharing a tent with. If you do not have anyone to share a tent with please fill it out and indicate whether or not you have a tent and we will help you find a tent partner.

**NAME:** \_\_\_\_\_

**I WOULD LIKE TO SHARE A TENT WITH:** \_\_\_\_\_

\_\_\_\_\_ **IS SUPPLYING THE TENT, AND HAS CHECKED THAT IT IS SUITABLE. (maximum 3 per tent please)**

**OR**

**I DON'T HAVE A PARTNER YET, AND I DO/DO NOT (please circle) HAVE A SUITABLE TENT TO USE.**

**Special Dietary Requirements:**

Please write below any special dietary requirements that your child has.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT INFORMATION:**

**Please find enclosed payment of \$85 for Aiming High Orientation Camp 2010 to be held at Clifford Park Scout Activity Centre, Wonga Park on 2/02/2010**

**Student Name:** \_\_\_\_\_

**CLIFFORD PARK AIMING HIGH CAMP DUE DATE: Friday 11th December 2009**

**Student's Name:** \_\_\_\_\_ **Home Group** \_\_\_\_\_

(Please tick  $\checkmark$ )      Cash      Cheque      Bankcard      Master card      Visa

**Cardholder's Name:** \_\_\_\_\_ **Amount:**       \$85.00      

**Cardholder's Signature:** \_\_\_\_\_ **Expiry Date:** \_\_\_/\_\_\_

**Card No:**          -     -     -

## PARKWOOD SECONDARY COLLEGE

### AIMING HIGH ORIENTATION CAMP STUDENT EQUIPMENT LIST

***Make sure everything is CLEARLY labelled with your name on it!!!***

**It is essential that you set up the tent prior to the camp to ensure:**

- **It does not leak!**
- **All of the equipment is there to set it up (pegs, tie ropes etc)**
- **YOU KNOW HOW TO SET IT UP – You will be expected to set up your own tent when you get there!!!!!!**

<b>CAMPING EQUIPMENT:</b>	<b>CLOTHES LIST:</b>
<p><i>If you cannot get some of this gear, try borrowing it off someone you know. If this is not possible please contact Mrs Recinos at school as there are companies that hire gear, or we may be able to help you find someone to borrow equipment.</i></p> <ul style="list-style-type: none"> <li>• Sleeping bag</li> <li>• Underlay/air bed/stretcher to sleep on</li> <li>• Tent (must be in good condition and should be a 2-3 person tent preferably) – maximum 3 per tent</li> <li>• Hammer – shared between 2 students</li> <li>• Torch (please check to make sure it works before arrival)</li> <li>• <b>Clip board</b></li> <li>• <b>Pen</b></li> <li>• Towel</li> <li>• Toiletries bag with appropriate supplies</li> <li>• Water bottle</li> <li>• Knife and fork</li> <li>• Drinking cup</li> <li>• Plate</li> <li>• Bowl</li> <li>• Deck Chair</li> <li>• Tea Towel</li> <li>• <b>Sunscreen</b></li> <li>• Aero guard</li> <li>• <b>Water bottle</b></li> </ul>	<p><i>Students must have two complete sets of clothes suitable for physical activity in cold, hot or wet weather. It is strongly advised that students do not bring their best or new clothes!!! It is not a fashion contest!</i></p> <p>Example List:</p> <ul style="list-style-type: none"> <li>• Tracksuit pants x2</li> <li>• T-shirt / Long sleeve T-shirt x2</li> <li>• Shorts x2</li> <li>• Jumper/Windsheater x2</li> <li>• Warm socks x2</li> <li>• Underwear x2</li> <li>• Shoes x2 (not new!!!)</li> <li>• Warm pyjamas!!</li> <li>• Beanie</li> <li>• Warm Jacket (water proof)</li> <li>• Pyjamas</li> <li>• <b>Hat</b> with a brim</li> </ul>

#### **Optional gear:**

- Games, cards etc
- CD's (Unless you want to listen to your teacher's favourite tunes!!!!)
- Camera
- Snacks (ample food will be provided, but students may bring some extra snacks)

**Please note that students will be responsible for their own gear at all times.  
Students must ensure that they are looked after and kept in a safe place!!**

# PARKWOOD SECONDARY COLLEGE CLIFFORD PARK 2/2/10 – 3/2/10

## Confidential Medical Information for School Council approved School Camps

This report is compiled to assist us in case of any eventuality with the children. All information is held in confidence and these forms are destroyed after the camp.

Child's Name ..... Home Group: .....

Parent's/Guardian's Full Name: .....

Address: ..... P/Code: .....

Emergency Telephone: .....

After Hours:..... Business Hours:.....

Medicare No:..... Medical/Hospital Subscriber: YES / NO

Please tick if your child suffers any of the following:

- |                                      |   |  |                                 |
|--------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes    | <input type="checkbox"/> Dizzy spells     | <input type="checkbox"/> Sleepwalking    |                                 |
| <input type="checkbox"/> Blackouts   | <input type="checkbox"/> Migraine         | <input type="checkbox"/> Travel sickness |                                 |
- Other .....

**Allergies to any of the following:-**

Penicillin: YES / NO      Other drugs: .....      Any foods: .....

Other: .....

What special care is recommended?.....

**Tetanus Immunisation** -Year of last tetanus immunisation .....(Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT])

**Permission to administer Panadol** ..... YES / NO

**Tablets and Medicines** - Is your child presently taking tablets and/or medicine?      YES / NO      IF YES, please fill in form below

If your child suffers or has ever suffered from any condition e.g. Migraines, Asthma, please fill in form below with relevant details

CONDITION	MEDICATION	DOSAGE / HOW OFTEN

All medication must be handed to the teacher in charge prior to leaving. All containers must be labelled 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). If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

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

### CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the camp is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*The Department of Education requires this consent to be signed for all students attending school camps.*

**Note:** *Parents/guardians should provide written approval prior to their child taking part in any camp*