Thursday, 20 December 2012

Dear Parent / Caregiver,

As per our previous correspondence, the attached documents from Outdoor Education Experience provide details of the Year 7 camp, together with a consent form for you to complete. This form should be returned to the school with your initial deposit (or full payment) by Friday 8th February 2013.

The full cost of the excursion will be $240.00. This includes the cost of transport plus meals and accommodation for the duration of the camp. All travel associated with the camp will be by bus, which will depart from and return to the school. Students will also be conveyed to and from their camp accommodation by bus.

As we have to provide final numbers to the camp, we are unable offer extensions on the deposit deadline. If you need to discuss payment arrangements, or have any other queries regarding this excursion, please feel free to contact Mrs Oswald or Mrs Myers, in the English staffroom.

Yours Faithfully

Newcastle High School

Mrs G Oswald
Year Advisor

Mr J Myers
Year Advisor

Mr M Hewitt
Principal

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required.
Dear Student,

This letter has been designed to inform you of Outdoor Education Experience programs. A gear checklist is on the back of this page, so you can mark off the items as you pack them. You will also find a few hints and safety guidelines to ensure you have a safe and enjoyable time with Outdoor Education Experience.

All the staff at Outdoor Education Experience are young and energetic, eager to give you a positive and memorable camp experience. All the activities are designed so that you can try them at any level of challenge you wish. It is up to you to decide which activities you feel comfortable with and wish to participate in.

Safety is of extreme importance while on camp with Outdoor Education Experience, so the following camp guidelines need to be respected and adhered to. Please remember that if you put yourself or anybody else at risk of injury you will be sent home immediately. If you wilfully damage property, you or your parent/guardian will be expected to pay for its repair or replacement.

Please read the following camp guidelines and handy hints:

1. Please do not leave the campsite or activity areas without permission.
2. Respect male and female areas, enter no room other than your own.
3. All activities must be supervised by a teacher and/or an instructor.
4. Please respect others and stay in your dormitory after lights out.
5. Each group is responsible for the ongoing cleanliness of the camp. Please use the bins provided and keep your rooms tidy.
6. There is sporting equipment supplied for your free time.
7. It is suggested that you put your name on every item that you bring to camp.
8. Please bring your old clothes to camp and remove all jewellery.
9. Please DON’T bring any valuables such as mobile phones, ipods, jewellery etc
10. The food at Outdoor Education Experience is great and there is plenty of it, please don’t bring an excess of junk food.
11. If you are an asthmatic, diabetic or suffer from any other medical conditions then please pack the appropriate medication (ask your parents about this and pass this information onto your teacher)
12. You are coming on camp to have an enjoyable and memorable time. Make sure you try every activity available to you on the program. You may never get the chance to participate in some of these activities again.

If you have any further questions or concerns in relation to these camp guidelines or any other details, please consult the teacher organising your camp.

Yours Sincerely
Outdoor Education Experience Management
STUDENT GEAR CHECKLIST (3-DAY CENTRE PROGRAM)

☐ 3 T-shirts (no mid-riff or sleeveless shirts allowed)
☐ 3 pairs of shorts
☐ 2 long sleeve shirts or jumpers
☐ 2 pair of long pants for cold weather
☐ Spare socks and underwear
☐ Hat or cap and beanie
☐ 1 raincoat
☐ Pyjamas
☐ 1 pillow and pillow case
☐ 1 sleeping bag or sheet/s with blanket
☐ Torch (make sure it is working before you bring it on camp)
☐ 1 water bottle (1 litre capacity minimum)
☐ Insect repellent and Sunscreen
☐ 2 pairs of sensible joggers or boots (1 old pair that you can get wet - no thongs!)
☐ 2 plastic bags to put your dirty or wet clothes in
☐ Toiletries
☐ 2 towels (1 for outdoors, 1 for showers)
☐ Swimmers
☐ Hair tie for abseiling (if you have long hair)
☐ Mess Kit - 1 plate, 1 bowl, 1 fork, 1 knife, 1 spoon, 1 cup and tea towel (mess kit)

☐ Optional Items – Camera, Souvenir / Shop Money

Note: In addition to the above items it is also recommended that you bring a small day pack so that personal items such as medications, water bottles, hats, raincoats, insect repellents and sunscreens can be easily carried during the day.

If your program includes a visit to the Watagan Mountains a separate gear checklist outlining the specific items to be packed for the visit should be included with your camp information.
OUTDOOR EDUCATION EXPERIENCE MEDICAL, ACTIVITY RESTRICTION AND CONSENT FORM

Please complete the Medical, Activity Restriction and Consent Form and return with the nominated deposit to the school office or the teacher's responsible for organising the camp at your son/daughter's school.

Total Cost per student $240.00 (inc. GST)
Initial Deposit $50.00 Due Date: 8/2/13
Remaining Payment of $190.00 Due Date: 15/2/13

Please make any cheques payable to: Newcastle High School

Participant Details
Surname:.................................................................................. Gender: □ M / □ F
Given Name/s: ............................................................................ Date of Birth: ..../..../....
Address:..........................................................................................

Emergency Contact Details
□ Parent / □ Guardian / □ Contact Person: ........................................... (Name in Full)
Telephone: ..................................................................................
□ Home / □ Business / □ Mobile

Medical Information
Medicare No: .......................................................... Ambulance Cover: □ Yes / □ No
Position on Medicare Card (eg, 1,2): .................. Medicare Card Expiry: ..........................................
Private Health Insurance Fund: □ Yes / □ No
Fund Name: ................................................................. Fund Policy No: ..........................................

Please answer the following medical questions regarding your son/daughter:
1. Is your son/daughter in good health? □ Yes / □ No
2. Does your son/daughter suffer any chronic illness, or disability? □ Yes / □ No
   If yes, please specify: ..................................................................................
3. Does your son/daughter need to take any form of medication on camp? □ Yes / □ No
   If yes, please specify: (dose, frequency etc.) ..........................................
   Does the medication need refrigeration? □ Yes / □ No
4. Has your son/daughter suffered from any acute illness during the past four months? □ Yes / □ No
   If yes, please specify: ..................................................................................
5. Has your son/daughter had any major surgery (knee, back, heart, etc.)? □ Yes / □ No
   If yes, please specify: ..................................................................................
6. Has your son/daughter been treated by a doctor during the last four weeks? ☐ Yes / ☐ No
   If yes, please attach a doctors report with instruction about medical treatment and a certificate stating that the participant is fit to attend.

7. Does your son/daughter have any allergies? (insects, food, medication, etc.) ☐ Yes / ☐ No
   If yes, please specify: ........................................................................................................

8. Does your son/daughter have any special dietary requirements? ☐ Yes / ☐ No
   If yes, please specify: ........................................................................................................

9. Does your son/daughter: wet the bed? ☐ Yes / ☐ No
   sleep walk? ☐ Yes / ☐ No

10. Has your son/daughter had the Diphtheria Tetanus Toxoid booster injection? ☐ Yes / ☐ No
    If yes, what date was the last booster given? .... / .... / ........

11. Do you give permission for Panadol to be administered to your son/daughter if required? ☐ Yes / ☐ No

Activity Restrictions

All activities are instructed by qualified instructors and at all times are supervised and accompanied by your son/daughter’s school teachers.

Please read the sample program of activities for your son/daughter’s school in conjunction with the Outdoor Education Experience Activity List. If you do not want your son/daughter to participate in any particular activity or activities, please write them in the space provided and notify your son/daughter of the activity or activities for which they are to be excluded:

........................................................................................................................................

........................................................................................................................................

Is your son/daughter permitted to participate in swimming/water activities? ☐ Yes / ☐ No

If no, please inform your son/daughter that they are not to participate in any swimming/water activities.

How do you rate your son/daughter swimming ability?
☐ Non Swimmer ☐ Average ☐ Competent (swim more than 50m)

Parent or Guardian Consent

In the event of any accident or illness and I am unable to be contacted, I authorise the obtaining of such medical assistance on my behalf that my son/daughter may require. I also agree to cover medical fees and/or cost of such assistance that may be incurred while my son/daughter is with Outdoor Education Experience.

Wilful damage of property while with Outdoor Education Experience will be paid for either by the student involved or by their parent/s or guardian.

I have read my son/daughter’s sample program and have made them aware of the camp guidelines.

.................................................................................................................. to attend the program run by Outdoor Education.
   (Son/Daughter’s Full Name)

Signature of Parent/Guardian .......................................................... Date: .... / .... / .......
   (Parent or Guardian)
**Souvenir Price List**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sticker</td>
<td>$1.00</td>
</tr>
<tr>
<td>Eraser</td>
<td>$2.00</td>
</tr>
<tr>
<td>Ruler</td>
<td>$2.00</td>
</tr>
<tr>
<td>Pen</td>
<td>$2.00</td>
</tr>
<tr>
<td>Sharpener</td>
<td>$2.00</td>
</tr>
<tr>
<td>Calico Bag</td>
<td>$4.00</td>
</tr>
<tr>
<td>Drink Bottle</td>
<td>$5.00</td>
</tr>
<tr>
<td>Frisbee</td>
<td>$5.00</td>
</tr>
<tr>
<td>Fluffy Kangaroo</td>
<td>$5.00</td>
</tr>
<tr>
<td>(with logo jacket)</td>
<td></td>
</tr>
<tr>
<td>Fluffy Koala</td>
<td>$5.00</td>
</tr>
<tr>
<td>(with logo jacket)</td>
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</tr>
<tr>
<td>Boomerangs</td>
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<tr>
<td>Crystals – Large</td>
<td>$8.00</td>
</tr>
<tr>
<td>Fluffy Animals – Lge</td>
<td>$10.00</td>
</tr>
<tr>
<td>Caps</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

We also offer 3 different **Show bags**:–

**Show bag 1 - $15.00**
Calico bag, Drink bottle, Pen, Eraser, Ruler, Sharpener & Sticker

**Show bag 2 - $15.00**
Calico bag, Frisbee, Pen, Eraser, Ruler, Sharpener & Sticker.

**Show bag 3 - $10.00**
Calico Bag, Pen, Eraser, Ruler, Sharpener & Sticker.