Preparations are well underway for our 2016 Grade 5 and 6 camp. Sovereign Hill is aimed at immersing the students in a rich environment where they can learn about the history of Australia. The camp is aimed at fostering the student’s independence, interpersonal skills and knowledge on how our past has impacted our future. Sovereign Hill offers exciting ‘hands on’ and interactive experience for all students.

Cost: The cost for the camp will be $230.00 which includes 3 days and 2 nights with meals and accommodation, entry into Sovereign Hill, a live Pantomime show and coach transport to Sovereign Hill.

Please complete and return the permission slip, medical, asthma, panadol, behaviour and permission to travel forms by Friday 27th May.

Payments for the camp, less deposit paid, may be made in instalments or paid in full, either way, full payment by Friday 15th July.

Those parents who would like to pay the remaining $180 by instalment, an instalment plan has been provided. Please send ALL payments to your child's teacher, along with instalment cut-off Payment Slips, in an envelope marked "Grade 5 or 6 Camp with your child's name and class. The payments will be credited consecutively and receipts issued for your records. Of course, you may prefer to pay the total amount up front.

Permission & medical forms         Friday 27th May
Payment 1 $60 and Payment Slip     Friday 27th May
Payment 2 $60 and Payment Slip     Friday 17th June
Payment 3 $60 and Payment Slip     Friday 15th July

All payments must be finalised by Friday 15th July 2016

This is only a suggested payment plan.

- Payment can be made via Qkr, cash or cheque at any time
- For those wishing to pay using credit card – payment slips have been included with this form. Please forward these with payment details.
- For those wishing to BPAY please contact the school to get your code.

If you have any financial difficulties or need to discuss payment options, please contact Jodee Jackson our Business Manager on 9431-1599.

Grade 6

Departure Details:  Monday 1st August – front of the school, buses will depart around 8:30am.
Return Details:  Wednesday 3rd August at approx 2:45pm.

Grade 5

Departure Details:  Wednesday 3rd August - front of the school, buses will depart around 8:30am.
Return Details:  Friday 5th August at approx 2:45pm

A 24 hour contact person will be nominated and a mobile phone contact will be provided to parents prior to camp week.

Accommodation: Comfort Inn Sovereign Hill, which is an Accredited Camp Site.

Magpie Street, Ballarat 3350

Travel arrangements:  Buses with seat belts

A risk management plan for this program has been developed by Sovereign Hill staff and will be available for parents to review on request.

Sherryn Owen
Grade 6 PLT Leader & Camp Co-ordinator
Sovereign Hill Camp - Permission Form Grade 5 and 6
Grade 6: Monday 1st August - Wednesday 3rd August, 2016
Grade 5: Wednesday 3rd August – Friday 5th August, 2016

Permission form and Payment 1 due by Friday 27th May with all payments finalised by Friday 15th July close of business

PLEASE RETURN PAYMENT SLIP WITH ALL PAYMENTS WITH CLEAR STUDENT IDENTIFICATION

I have read all of the above information provided by the school in relation to the Grade 5 and 6 camp to ‘Sovereign Hill’, including any attached material.

I wish to

☐ Pay in full and enclose $180 ($230 less $50 deposit already paid) being the total cost of the camp by  OR
☐ use the instalment plan and undertake to pay $180 by Friday 15th July 2016 (Please tick applicable response)

Childs name ________________________________ Grade: __________

Parent/guardian: ________________________________ (full name IN CAPITALS)

Signature: ________________________________ Date: __________

In case of emergency I/we can be contacted on:

______________________________________________ Or ____________________________________________ (NAME__________________________)

______________________________________________ Or ____________________________________________ (NAME__________________________)

Student behaviour
‘I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others 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 his/her return will be my responsibility.’ Please tick consent

ICT/Photograph consent
‘I agree to my child using the Internet and computer network in accordance with the same Internet student users’ agreement that applies at their current school.’ Please tick consent

‘I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.’ Please tick consent

Consent for emergency transportation
‘In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.’ Full details of the driver and their details will be included in further communication. Please tick consent

Student accident insurance
The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

Note: Parents MUST also complete the ‘Confidential Medical Information Form’ together with the Asthma Management Form. If any changes have been made in Students Anaphylaxis Management Plans since the start of the year, please include an updates copy if your child had one.
GRADE 5 and 6 CAMP PAYMENTS SLIPS TO BE INCLUDED WITH ALL CAMP PAYMENTS

INSTALMENT 1 – due by May 27th, 2016
INSTALMENT PAYMENT 1

Child’s Name______________________________ Grade _______ Date:_______________________

PAYMENT FOR: GRADE 5 and 6 CAMP SOVEREIGN HILL

Please tick payment method:

QKR □  Bpay □  Cash/Cheque □  EFTPOS □

Card no : _ _ _ _  _ _ _ _  _ _ _ _  _ _ _ _

Expiry Date ---------/---------

Cardholder Name : ____________________________________________

Signature : ______________________

INSTALMENT 2 – due by June 17th, 2016
INSTALMENT PAYMENT 2

Child’s Name______________________________ Grade _______ Date:_______________________

PAYMENT FOR: GRADE 5 and 6 CAMP SOVEREIGN HILL

Child’s Name______________________________ Grade _______ Date:_______________________

Please tick payment method:

QKR □  Bpay □  Cash/Cheque □  EFTPOS □

Card no : _ _ _ _  _ _ _ _  _ _ _ _

Expiry Date ---------/---------

Cardholder Name : ____________________________________________

Signature : ______________________

INSTALMENT 3 – due by July 15th, 2016
INSTALMENT PAYMENT 3

Child’s Name______________________________ Grade _______ Date:_______________________

PAYMENT FOR: GRADE 5 and 6 CAMP SOVEREIGN HILL

Child’s Name______________________________ Grade _______ Date:_______________________

Please tick payment method:

QKR □  Bpay □  Cash/Cheque □  EFTPOS □

Card no : _ _ _ _  _ _ _ _  _ _ _ _

Expiry Date ---------/---------

Cardholder Name : ____________________________________________

Signature : ______________________
Do NOT CUT forms. Please sign and return all sections to school by Friday 27th May.

SOVEREIGN HILL Camps 2016  Behaviour Guarantee  Student Form

I am aware of the rules of the camp and agree to abide by these rules in order to ensure that all participants on the camp are able to enjoy the camp in a safe, friendly and respectful atmosphere.

Student’s name: .................................................................

Signed: ............................................................................

SOVEREIGN HILL Camps 2016  Behaviour Guarantee  Parent Form

‘I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself / herself or others 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 his/her return will be my responsibility.’ (Department of Education Guidelines)

Parent/ Guardian: ................................................................. (Full Name)

Parent/Guardian signature: .................................................................     (Date)
Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

### Excursion/program name: Grade 5 and 6 SOVEREIGN HILL Camp

| Date: Grade 6: Monday 1st to Wednesday 3rd August 2016 | Grade 5: Wednesday 3rd to Friday 5th August 2016 |

Student’s full name:  
Student’s address:  
Postcode:  
Date of birth:  
Year level:  
Parent/guardian’s full name:  
Name of person to contact in an emergency (if different from the parent/guardian):  

---

**Emergency telephone numbers:**  
**After hours**  
**Business hours**

Name family doctor:  
Address of family doctor:  
Medicare number:  
Medical/hospital insurance fund:  
Member number:  

---

Ambulance subscriber?  
☐ Yes  
☐ No  
If yes, ambulance number:  

Is this the first time your child has been away from home?  
☐ Yes  
☐ No

---

**Please tick if your child suffers any of the following:**

- ☐ Asthma (if ticked complete Asthma Management Plan)
- ☐ Bed wetting  
- ☐ Blackouts
- ☐ Diabetes  
- ☐ Dizzy spells  
- ☐ Heart condition  
- ☐ Migraine
- ☐ Sleepwalking  
- ☐ Travel sickness  
- ☐ Fits of any type
- ☐ Other:  

---

**Allergies**

*Please tick if your child is allergic to any of the following:*

- ☐ Penicillin  
- ☐ Other Drugs:  
- ☐ Foods:  
- ☐ Other allergies:  

What special care is recommended for these allergies?  

---

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))
Medication

Is your child taking any medicine(s)? □ Yes □ No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent

Where the teacher-in-charge of the excursion 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 any medical or surgical attention deemed necessary by a medical practitioner.
• Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above) _____________________________________________

Date:

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

PANADOL

Permission To Administer Panadol If Required

Please complete the slip attached regarding permission for staff to administer school purchased LIQUID CHILDREN’S PANADOL should your child, per chance, require any pain relief at camp. This will reduce the copious numbers of bottles of Panadol we receive each camp for ‘just in case’ medication and the number of phone calls we have to make for permission to administer. Should your child be allergic to Children’s Panadol please let your teacher know and send along another suitable brand to your classroom teacher should they require it.

I have read all of the above information provided by the school in relation to additional medication permission for the Grade 5 & 6 SOVEREIGN HILL Camps.

A. I give/ I don’t give permission to my son/daughter __________________________________ (Full Name) to be administered LIQUID CHILDREN’S PANADOL in alignment with the directions for amount and timing according to my child’s age and weight should it be considered necessary by the Teacher In Charge.

Parent /Guardian _____________________________________________ (Full Name)  
___________________________________________ (Signature) ___________ (Date)

Their age in years is ______________________________________ their weight in kg is ______________

OR

B. I will send along an alternative analgesic medication suitable for my child with clear instructions should it be considered necessary by the Teacher In Charge.

I give permission to my son/daughter ________________________ (Full Name) to be administered ___________________________________________(alternative medication,) in alignment with my written directions should it be considered necessary by the Teacher In Charge.

Dosage:______________________________________________________________________________

Parent /Guardian _____________________________________________ (Full Name)  
___________________________________________ (Signature) ___________ (Date)
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 any medical or surgical attention deemed necessary by a medical practitioner
- Administer such first-aid as the Teacher-In-Charge judges to be reasonably necessary

In the event of an emergency, I consent to my child being transported in a privately owned vehicle by a member of the supervisory staff for medical treatment.

Ballarat Medical Centre is 5 minutes from the camp site. In the event your child requires hospitalisation, the nearest hospital is St John of God Hospital in North Ballarat, 6 minutes from the camp site. Such vehicle will be fully comprehensively insured and be driven by a fully licensed driver.

Nominated vehicle for the Grade 6 camp: David Blackburn (REG: XSN030)
Nominated vehicles for the Grade 5 camp: Leanne Tingwell (REG: TG8101)

Child’s name: .......................................................... Grade: ....................
Signature of Parent/Guardian. ................................. Date: .....................

---

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:

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- Administer such first-aid as the Teacher-In-Charge judges to be reasonably necessary

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Child’s name: .......................................................... Grade: ....................
Signature of Parent/Guardian. ................................. Date: .....................

---

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 any medical or surgical attention deemed necessary by a medical practitioner
- Administer such first-aid as the Teacher-In-Charge judges to be reasonably necessary

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Child’s name: .......................................................... Grade: ....................
Signature of Parent/Guardian. ................................. Date: .....................

---

Permission to Travel in an Emergency Vehicle

In the event of an emergency, I consent to my child being transported in a privately owned vehicle by a member of the supervisory staff for medical treatment.

Such vehicle will be fully comprehensively insured and be driven by a fully licensed driver.

Nominated vehicle for the Grade 6 camp: David Blackburn (REG: XSN030)
Nominated vehicles for the Grade 5 camp: Leanne Tingwell (REG: TG8101)

Child’s name: .......................................................... Grade: ....................
Signature of Parent/Guardian. ................................. Date: .....................
# Asthma Management Form

The following confidential information is required to assist in the proper management of a child’s asthma, if such help is needed. Please complete and attach to the Medical Consent form. For more information on Asthma see section 4.5.7 of the Victorian Government Schools’ Reference Guide. Further information is available from the Asthma Foundation www.asthma.org.au.

## Student’s name:

<table>
<thead>
<tr>
<th>School:</th>
</tr>
</thead>
</table>

## Usual signs of asthma:
- [ ] Wheezing
- [ ] Chest tightness
- [ ] Coughing
- [ ] Difficulty breathing
- [ ] Difficulty speaking
- [ ] Other

When completing this form please seek the advice of the asthmatic’s doctor if necessary.

1. **Usual maintenance regime or medical program followed:**

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Method (e.g. Puffer &amp; spacer, turbohaler)</th>
<th>When and how much?</th>
</tr>
</thead>
</table>

Does the child require assistance to take their medication? [ ] Yes [ ] No

2. **Peak flow readings:**

Best ........................................ Critical ........................................ (bring own peak flow meter)

3. **Signs of worsening asthma:**

- [ ] Wheezing
- [ ] Chest tightness
- [ ] Coughing
- [ ] Difficulty breathing
- [ ] Difficulty speaking
- [ ] Other:

Medication and treatment to be used during worsening asthma:

4. **Medication and treatment to be used during crisis situations:**

See Asthma First Aid Plan attached on page 2.

5. **List any known asthma trigger factor(s):**

6. Has the person been admitted to hospital due to asthma in the past 12 months? [ ] Yes [ ] No
7. Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc) [ ] Yes [ ] No
8. Has the person ever suffered sudden severe asthma attacks requiring hospitalisation? [ ] Yes [ ] No

**Important Notes**

If you have answered “yes” to questions 6, 7, or 8 then the decision for the person to participate rests with the child’s doctor. The process in such situations is as follows:

- the person’s doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available:
- a letter from the student’s doctor, stating the doctor’s decision must accompany this form.

I declare that the information provided on this form is complete and correct.

Parent/guardian:

<table>
<thead>
<tr>
<th>Phone contact(s):</th>
<th>OR</th>
</tr>
</thead>
</table>

| Signature: | Date: |
Asthma First Aid Plan

Sit the student down and reassure.
Assess severity of attack.
Check personal Asthma Action Plan (if any).

- Severe breathing problems and/or
  - appearance of blue lips and/or
  - If concerned

4 separate puffs of blue reliever via a spacer
4 minutes
Relief

4 separate puffs of blue reliever via a spacer
4 minutes
Relief

Stop treatment
Observe
Notify emergency contact
Stay with student

Call an ambulance
State is an asthma attack
Repeat 4 separate puffs every 4 minutes while waiting