

September 2020

Dear Families

The Year 7 Orientation Camp

The Year 7 Orientation Camp for 2021 will assist our Year 7 students to establish friendships, build relationships with other students and staff and to work collaboratively with their peers. The camp emphasizes the importance of effective communication skills to develop trust between group members. These skills are built upon on our return to school. Students take part in a range of activities which promote team work and allow individuals to challenge themselves.

Venue: Mt Evelyn Recreation Camp, Tramway Road, Mt Evelyn

Dates:	Group 1	Monday 15 February - Wednesday 17 February
	Group 2	Wednesday 17 February – Friday 19 February

Depart and return:

Depart Upwey High School at approximately 8.45am and return to Upwey High School at approximately 2.30pm

Group student allocation details will be advised at the start of the 2021 school year.

Payment:

The cost of the camp is \$385. This includes full accommodation, coach travel and all activities at the camp. Activities include the Crate Stacking, High Ropes and the Giant Swing. These activities are run by qualified YMCA staff and enable the students to develop self-confidence to challenge themselves by choice. Payment can be made in full or you can pay by instalments outlined below. The final payment must be finalised by 8 December 2020.

A Medical/ Permission Form is also attached and should be completed and return by **Friday 11 September 2020**.



UPWEY HIGH SCHOOL

1451 Burwood Highway

Upwey Victoria 3158

ABN: 11 923 949 189

t: (03) 9754 2838

f: (03) 9754 7145

upwey.hs@edumail.vic.gov.au

www.upweyhs.vic.edu.au

I choose to pay in full ☐

Or

I choose to pay by instalments ☐

(Must provide debit/credit card details, and complete section below)

Instalment schedule for Year 7 Orientation Camp: \$385.00

1st instalment - \$130.00 – 11 September 2020

2nd instalment - \$130.00 – 13 November, 2020

3rd instalment - \$125.00 – 8 December, 2020

Students Name _____

Authority for Debit Card / Credit Card

Card Holders Name: _____

Card Holders Signature: _____

Card Number: ____/____/____/____

Expiry Date ____/____ Master Card ☐ Visa ☐ CCV _____

Please note school policy states that any student who has not paid in full 3 weeks prior to a camp or tour will be unable to attend. In this instance a partial refund may be made according to guidelines in our Refund Policy. *CSEF recipients should contact the General Office on 9754 2838 or you can email finance@upweyhs.vic.edu.au.

Please return this Form and the completed Medical/Permission Form by **Friday 11 September 2020**, along with payment in full or the first instalment as per Instalment Schedule.

Yours sincerely

Elizabeth Lynch
Year 7 Team Leader

Tom Daly
Principal



Aspiration – Respect – Kindness



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Confidential Medical/Consent Information

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: **Year 7 Mt Evelyn Orientation Camp**

Dates: **15 - 17 February or 17 - 19 February, 2021**

Student's full name:

Student's address:

Postcode:

Date of birth:

Homegroup:

Parent/guardian's full name:

Contact telephone numbers: *After hours*

Business hours

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

Business hours

Name of 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

☐ Anaphylaxis (see next page)

☐ Other: _____

Swimming ability

Please tick the distance your child can swim comfortably.

☐ Cannot swim (0m)

☐ Weak swimmer (<50m)

☐ Fair swimmer (50-100m)

☐ Competent swimmer (100-200m)

☐ Strong (200m+)

Allergies

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

☐ My Child has been diagnosed with Anaphylaxis (please list details)

☐ Anaphylaxis Plan provided

☐ 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 staff member 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 staff member 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 staff member in charge and yourself.

Medical consent

Where the staff member in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the staff member 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 staff member in charge judges to be reasonably necessary.

I do/do not give Permission for my child to attend the Year 7 Mt Evelyn Orientation Camp

Signature of parent/carer (named above) _____

Date: _____

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

Note: You should receive detailed information about the excursion/program prior to your child's participation. If you have further questions, contact the school before the program starts.

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.

Photograph consent

I 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. [Strike out if you do not consent]