



James Sheahan Catholic High School Medical Form

Year 9 Outdoor Ed Excursion

STUDENT INFORMATION:

First Name: _____ Last Name: _____
(as appears on Medicare Card)

Date of Birth ___/___/___ Sex: Male / Female

Aboriginal Non-indigenous
 Torres Strait Islander Aboriginal/Torres Strait Islander

Medicare Number (10 digit); ID Number and Expiry Date
 _____ ID ___ Exp Date ___/___

Pension/Vet Affairs/Health Care Card No: _____ Exp Date ___/___
(Not Private Health Insurance Number)

SWIMMING ABILITY:

Strong – 50m unaided Average – 25m unaided
 Poor – 10m Non-Swimmer

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to Child: _____

Phone Details: (Must have contact for day and night)

Day: _____
 Night: _____
 Mobile: _____

Permanent Residential Address (as appears with Medicare, not PO Box)

Street No. & Name: _____

Town: _____ State: _____ Postcode: _____

Name of person responsible for medical bill payment: _____

Medicare Number (10 digit); ID Number and Expiry Date
 _____ ID ___ Exp Date ___/___

Date of Birth ___/___/___

Due to the Privacy Policy the medical practice JSCHS uses during our time away is unable to leave a message or speak with any person other than the patient unless they have the consent signed below.

Parent/Carer Name (Please print): _____

Parent/Carer signature: _____

HEALTH DETAILS:

Does the participant suffer from the following?

(if yes to one or more, please attach details as required)

<input type="checkbox"/> Current Illness	<input type="checkbox"/> Disability
<input type="checkbox"/> Allergic Condition	<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Behavioural Problems	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Chronic Illness
<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD)	<input type="checkbox"/> Asthma <small>(include Asthma Plan)</small>
<input type="checkbox"/> Other _____	

CURRENT MEDICATION:

(Please advise at time of departure if medication needs have changed)

Name of medication; Time (please specify exact time); Dosage Frequency (eg 2 tablets)

Administering of Paracetamol eg Panadol, Heron, Nurofen

Occasionally students ask for pain relief for headache or similar. If you do **NOT** wish your child to be given pain relief please sign below.

Parent/Carer Name (Please print): _____

Parent/Carer signature: _____

I do not wish my child to be given Paracetamol (eg Panadol, Heron, Nurofen)

IMMUNISATION:

Has he/she had the combination Diphtheria Tetanus Toxoid booster injection
 Yes / No

Has he/she been immunised against measles? Yes / No

SPECIAL REQUIREMENTS or DIETARY NEEDS:

Please identify any special needs not listed above.



James Sheahan Catholic High School

Outdoor Education Equipment List

It is vital that all clothing and equipment is clearly labelled with your child's name

Essential (each student must have the following):

- 1.5 litre drink bottle or equivalent
- Towel
- Sleeping bag
- Mess Kit – comprising of plate, bowl, mug, knife, fork, spoon, and tea towel, this kit is best in a cloth bag with a drawstring.
- Personal toiletries gear
- Sun hat and beanie
- Sunscreen and lip balm
- Swimmers/board shorts and towel (2nd towel)
- 3 pairs of shoes: 1 – for hiking (comfortable/ adequate foot support)
 - 2 – for bike riding and general camp wear
 - 3 – old pair of runners/joggers/river booties for canoeing (they will get wet and muddy)
- Torch with spare set of batteries
- Raincoat that is windproof, waterproof and has a hood
- Enough suitable clothing for hot and cold weather for 5 days in the Snowy Mountains
- 2 large plastic garbage bags and few plastic shopping bags for wet dirty/ gear
- Med- large day pack (Sheahan school bag is required)
- Set of thermal underwear the top must be long sleeved (wool or polypropylene, **not** cotton)
- Gloves
- Sunglasses

Optional

- Camera

Student Notes

- There will be 8 teams of students. Each team will have 20 – 25 students and be on a separate rotation of activities for the camp. All children will have an opportunity to do all activities.
- The base for this program will be Bungarra Alpine Centre.
- There will be two separate campsites set up and students will sleep in 3 person tents and cook their dinner on Trangia stoves during one night at camp.
- All breakfast and dinners for groups staying at the centre will be eaten together.
- Each morning at breakfast students will make their own lunch to take with them during the day
- All specialist equipment for activities will be supplied
- Instruction for all activities will be by specialist instructors employed by the Bungarra Centre
- During canoeing all students will wear a buoyancy vest (and cag if required)
- During mountain biking all students will wear helmets and gloves
- The weather in the Snowy Mountains can change rapidly, it may be very warm or it may be very cold and even snow, students are required to bring suitable clothing for this environment.
- This program has been designed to cater for all Year 9 students and requires a reasonable level of fitness

13 February 2018

Dear Parent/Carer

In addition to the permission note and medical information requests you will also need to complete a media release form and an acknowledgment of mobile phone ownership. It is essential that this form is completed and returned to the school office as soon as possible.

Media Release Form

The Action Learning Initiatives Centre, Bungarra has asked that all parents/carers sign the media release form associated with their centre. The intention of the centre is to use our student's photos and short video clips to update their website. We have a longstanding relationship of trust with the ALI centre and feel honoured that we have been chosen to represent the positive image embodied in the programs that they offer and give an affirming reflection of our school to the wider community.

Mobile Phone Ownership

Mobile phones can be used by the students until we leave Canberra at which time it will be placed in a snap lock bag with your child's name on it and kept for safe keeping. It will be returned to your child on our way back to Orange. This action supports the retreat philosophy of our time away. Please support the school by ensuring that you indicate on the slip attached if your child will be in possession of a phone. If you need to get in touch with your child during their time away you should phone the Bungarra Centre (02)64562688 or Mr. Wickham 0429877747

Yours sincerely



Maddy Moylan
Year 9 Outdoor Education Coordinator

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Mobile Phone Ownership

Name of Child:

- My child «FIRST_NAME» **will** have their mobile phone on the Outdoor Education Program and understands that it must be handed in for safe keeping after our departure from Canberra.
- My child «FIRST_NAME» **will not** have their mobile phone on the Outdoor Education Program.

Parent Name _____

Parent Signature _____

31 October 2017

Dear Parent/Carer

Year 8 are very excited about the prospect of their time away next year. It is important that the students are well prepared for the trip and that the requirements and costs associated with the excursion are fully understood.

It is agreed that whilst the excursion is very beneficial the cost is substantial. The cost of the excursion will be about \$700.00. This includes all accommodation, food, transport, equipment use, instruction and venue entry fees. Your child will not need any additional money during the 5 days away. As it is an expectation of the school that all Year 9 students attend this excursion the payments are now included in the school fees account.

Attached to this letter is the permission note, mobile phone notification, photographic permission and equipment list. A form requesting detailed medical information will also be included. We ask that all paperwork be returned by Tuesday 21 November 2017. It may seem early to be communicating and requesting this information but experience has shown that if this paperwork can be collated and processed this year then the transition towards our time away in Term 1 2018 can run more smoothly. There will be reminders and other information sent out next year but this is the critical paperwork required at the moment.

To gain further information about the structure of the camp program you can access the Action Learning Initiatives website <http://www.action-learning.com.au/client-login/> and click on the Client- login using User Name – j sheahan student Password ali053

If you would like to volunteer to attend the excursion as a parent to assist the school staff from Monday 9 April – Friday 13 April 2017 please indicate by ticking the box. It is also requested that you submit a brief email to m.moylan@bth.catholic.edu.au outlining the reasons for your desire to attend, any experience you may have had in this style of activity and or qualifications that you possess that would support the team. There is no charge to attend as a parent but you must be available during the specified time. This expression of interest should be indicated before the end of this term, by Tuesday 21 November 2017.

The benefit for your child that this excursion offers is unique. The experience provides amazing opportunities for your child to gain independence, confidence, cultivates lasting friendships, learn new skills and challenge themselves. It develops a sense of community in the year group that is not possible during the normal school day. The benefits are countless.

Yours sincerely



Maddy Moylan
Outdoor Education Coordinator

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Tear off and return to school office

Dear Mrs Moylan

- I would like to offer to volunteer as a parent to assist on the excursion. I will send a brief expression of interest to m.moylan@bth.catholic.edu.au.

Signed _____

Print Name _____