



YEAR 6 CAMP 2020

Dear Parents,

Even before your son officially starts Year 6 in 2020, planning is underway for the Year 6 Camp, which is to be held early in Term 1. It is a great way to begin the new school year with the students participating in a range of activities including canoeing, mountain biking, indoor rock climbing, giant swing and team development activities. The professional Staff provide for a very safe, enjoyable and challenging experience for the boys. There will also be Junior School staff members attending each camp.

All six classes will be attending the camp together from Wednesday 12 February – Friday 14 February 2020. The venue will be at **Noosa North Shore Resort Beach Road, Noosa North Shore Tewantin.**

The main purpose of this letter is to give you some forward notice of the camp and to ask you to complete some initial paperwork which is required by Noosa North Shore Resort well in advance of the departure date.

Attached is a permission and medical form. Please complete the medical and consent form and return at the Parent Welcome and Information Evening on Wednesday 16 October, 2019.

More detailed information will be provided in the first week of the new school year. If you have any initial concerns or queries, please do not hesitate to contact me.

Yours sincerely,

Mr Stephen Rouhliadeff

Head of Junior School



YEAR 6 CAMP 2020

Wednesday 12 – Friday 14 February 2020

Noosa North Shore Retreat, Beach Road, Noosa North Shore

Student's Name (please print)

Date of Birth

I give my permission for teachers and instructors to take whatever action they deem necessary to ensure the safety and well-being of the students as a group, or individually, in the above-mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I submit the medical information about the above student and include details of any limitations which he has for the activity concerned.

Parent / Guardian Name

Parent / Guardian Signature

Date

Address _____

PERSONAL / MEDICAL DETAILS

Emergency Contact Numbers

Parent 1		Parent 2			
Full Name		Full Name			
Relationship to Sone		Relationship to Son			
Mobile Phone		Mobile Phone			
Home Phone		Home Phone			
Emergency Contact (not a parent)		Relationship to Son			
Mobile Phone		Home phone			
Medicare Number		Card Order		Expiry	
Blood Type					
Family Doctor		Phone			
Family Dentist		Phone			
Health Insurer (if applicable)		Policy Number			



Medical Conditions: (Please indicate if your son suffers from any of the following medical conditions. If the answer is "Yes" to any condition, please give full details and action plan if required in the space provided below (e.g. allergy/treatment).

Condition	Yes	No	Condition	Yes	No
Asthma (Please provide action plan)			Travel Sickness		
Allergies			Tetanus up-to-date		
Kidney Problems			Recent operation, illness or injury		
Diabetes			Blood Pressure		
Heart Problems			Epilepsy		
Phobias			Sleep Walking		
Bed Wetting			Migraine		
Behavioural/Emotional Disorders (Details below please)			Recurrent/Recent Illness (Details below please)		
Other:					

Details:

Injuries or Operations: (Please provide details if your son is suffering from or recovering from recent injuries or operations)

Allergies: (Please provide details of any allergies your son suffers from i.e. food, medication, bee stings, etc.)



Non-Anaphylaxis:

Anaphylaxis (Please provide full details and current Action Plan. Student will be required to bring Epi-pen from home and keep it on their person at all times).

Diet: (Please provide details of any medically diagnosed dietary requirements your son may suffer from)

Medication: (with original Pharmacy label containing Patient's name, dosage, time to be taken and Medical Practitioner's name) ***Please complete attached Student Medication Request Form***

Do you authorise the provision of paracetamol to your son should the need arise? Yes / No

If "yes", please state the dosage: -----

If you would prefer another form of pain relief for your son, you'll need to provide this yourself. Please indicate in the space below the preferred pain relief. Please note: Any other form of pain relief will need to be labelled with your son's name and required dosage.

Name of other preferred pain relief: -----

SWIMMING ABILITY

Please circle:

Strong (200m+) Competent (100-200m) Fair (50-100m) Weak (10-50m) Non-swimmer

☐

Please tick this box if attaching additional information regarding your son's health. Any additional information that you may wish to supply us regarding any medical considerations for your son will be greatly appreciated.



STUDENT UNDERTAKING

I hereby undertake that while travelling to and from this camp / tour / activity and while in attendance there, I shall behave in an appropriate manner and shall observe whatever rules are decided on as best for the welfare of all participants. I understand that a great deal of responsibility is being placed upon me and I shall do my utmost to do what I can to rise to that responsibility.

Student Signature

Date

Villanova College protects your privacy. Our Privacy Policy outlines how the College uses and manages personal information in accordance with the National Privacy Principles of the Commonwealth Privacy Act. Copies of the Privacy Policy may be obtained from the Main Office.