

YEAR 12 LADY ELLIOT ISLAND CAMP

18 July 2018



Dear Parent/Carer,

This letter is to inform you of the final details of the Lady Elliott Island Excursion.

This information has been shared with your student in class over the past weeks.

Tuesday 24 July

6:30 am	Depart Meridan for Hervey Bay
8:00 am	Breakfast at McDonalds (students should bring money to purchase food)
9:00 am	Arrive Hervey Bay Airport to be transported by aircraft to Lady Elliott Island
11:30am	All students will have arrived on the Island

Friday 27 July

11:30pm	Depart Lady Elliott Island for Hervey Bay Airport
1:00pm	Depart Hervey Bay
3:30pm - 4:00pm	Arrive Meridan State College for collection by parents. Students will need to assist staff in unpacking the bus on arrival at Meridan.

*****Students will call in advance to inform parents of exact arrival time.**

Please make sure that they have your contact details.

Additional Information

What to Bring:

- Students are limited to 10kg of luggage. This is roughly the size of a carry-on bag.

Please anticipate potentially cold and wet weather.

Lady Elliott Island is prone to strong winds and possible storm events in July.

The nights are cold but days are generally warm and sunny.

Suggested clothing

- 2 towels - 1 beach and 1 normal
- 1 warm jacket
- 1 pair track pants
- 1 windcheater
- 1 pair jeans
- 1 long sleeved shirt
- 3 sets shorts and t-shirts (t-shirts should be sleeved for protection from the sun)
- 1 pair swimmers and rash top
- 3 sets underwear
- Enclosed shoes are to be worn in dining room area
- 1 pair thongs
- Spare shoes that can get wet or booties for reef walking
- Wet suit - suggested
- Beanie and scarf as required
- Toiletries: toothbrush, hairbrush, shampoo, toothpaste, sunscreen, prescription medications
- A garbage bag for wet clothing and shoes is advisable for the return trip.

Do not bring

- Excessive or unnecessary toiletries e.g. makeup, hair products and hair dryers.

Wet Suits

- Wet suits are advisable for snorkelling activities at this time of the year. Students may bring their own or/they can be rented on the Island at a cost of \$16.50 for a short wet suit (long wet suits are not available to students for hire).

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Medical Facilities

- Lady Elliott Island is a remote location with limited air access
- Qualified Senior First Aid Officers are on the island to deal with minor medical issues
- In the event of a serious medical emergency flying doctors are accessed at user cost
- **If students are taking medications or have any condition (including food allergies) requiring medication to alleviate those conditions then they must ensure they have sufficient supply of those medications for their stay on the island.**

Any relevant changes to medical details or emergency contacts that are currently kept on record by the college should be updated immediately. This includes information on any recent medical conditions that may limit, or be aggravated by your student's participation in this activity.

And also includes details on any medication currently being taken that might be relevant in a medical emergency.

Please be aware that when involved in activities there is an inherent risk of physical injuries occurring without any negligence on the part of the school and in such circumstances the responsibility for the injury and any associated costs will rest with you and not the school.

Parents are advised that the Department of Education and Training (DET) does not have Personal Accident Insurance cover for students.

DET has public liability cover for all approved school activities and provides compensation for students injured at school only when the Department is negligent.

If this is not the case, then all costs associated with the injury are the responsibility of the parent or carer.

It is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.

Yours faithfully,

Bronwyn Warrener
HOD Science

Fiona Free
Principal Secondary Campus

YEAR 12 LADY ELLIOTT

RETURN PERMISSION SLIP to Mr Craig Reid by 20 July 2018

CO-ORDINATOR: Craig Reid / Bronwyn Warrener

EVENT: Year 12 Lady Elliott Camp

Student Name: _____ Roll Class: _____

✓ Please indicate

- Yes, I do give permission for my child to attend the camp.
- NO, I do not give permission for my child to attend the camp.
- I have ensured that the College has current and accurate medical details and emergency contact details for my child.
- I authorise the teacher to seek appropriate medical assistance where deemed necessary.
- I am participating in the Student Resource Scheme (SRS) and my SRS fees are up to date, or I have entered into a payment plan with the Finance department for the SRS.
- I understand that students must abide by the College Responsible Behaviour Plan expectations.
- For the safety of your child it is the responsibility of the Parent/Guardian to ensure that the Medical Details and Emergency Contacts are correct and that any alterations are made before the excursion.
- I acknowledge that the Department of Education and Training does not have Personal Accident Insurance Cover for students.

Parent/Guardian Name: _____ (please print name)

Parent/Guardian Signature: _____

Date: ____ / ____ / ____ Contact Telephone Number: _____

**Note: This form must be filled in by a Parent or Carer of any student attending the excursion.
This form needs to be return to Craig Reid by: 20 July 2018**

Student's Name: _____ Class: _____

Date of Birth: ____ / ____ / ____ Name of Parent/Carer: _____

Home _____ Address: _____

_____ QLD Post code _____

Telephone: Home: _____ Mobile: _____

Work 1: _____ Work 2: _____

Emergency Contact if you are unavailable:

Name: _____ Phone: _____

Are you in a Medical Insurance Fund? Yes No Name of Fund: _____

Please provide Medicare number: _____

NOTE: in the event of serious injury /medical condition, your child will be transported to the nearest centre by ambulance.

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PLEASE COMPLETE THE FOLLOWING INFORMATION:			
Tetanus Booster	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Heart Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Respiratory Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please request an <i>Asthma Medication Permission Form</i> from your child's teacher
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Allergies e.g. Food, analgesics, penicillin etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sugar Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recent Operation, Illness or broken bone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Phobias	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Others (please list)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Medical: I certify that to the best of my knowledge my child has not been in contact with any infectious disease for the past four(4) weeks and that the/she is not suffering from scabies, impetigo, or other ailments that are likely to be detrimental to members of the camp. I hereby authorise the Principal, or her representative to obtain such medical attention as may be deemed necessary and I understand that I am responsible for any cost involved. I further authorise qualified practitioners to administer anaesthetic and blood transfusion should the necessity arise.

Name of Parent/Carer: _____ Date: _____

Parent/Carer Signature: _____

Meridan State College Supplementary Asthma Questionnaire

Student's Name: _____ Date of Birth: ____/____/____

You have indicated on your enrolment form that your child has a history of Asthma.

Please assist us in providing the following information regarding their condition.

It is important that you discuss your child's special needs with the class teacher, in addition to completing this form. Please write on the reverse of this form if necessary.

THIS FORM IS TO BE REVIEWED ANNUALLY OR ASAP IF THERE ARE ANY CHANGES.

How does asthma affect your child:

Please provide the name and contact details of their Medical Practitioner:

Does your child have a current written asthma management plan? Yes No

If yes, please provide a summary of the plan for our records.

If not, please ask your doctor for a written plan to assist us in the event of an asthma attack.

Is your child taking daily medication?: Yes No

If yes, what is taken?

Has your child been hospitalised as a result of their asthma? Yes No

If yes, when and where was the last hospitalisation?

If your child has an asthma attack, how do you manage this at home?

How would you like us to manage this at school? _____

