

Dear Parents and Carers,

We are thrilled to announce that Year 9 will be having a camp this year - their final high school camp. Important excursion information is below.

The completed permission note must be returned to the Finance Office by **Friday, May 10 2024**. Payment of \$400 must be returned to the Finance Office by **Monday, July 29 2024**. The teacher in charge of this excursion is Celine Reid.

IMPORTANT INFORMATION:	
<b>Venue:</b>	AGH Camps Sydney
<b>Date:</b>	Wednesday, August 28 - Friday, August 30, 2024
<b>Departure:</b>	7:00 am - Arrive at school, have names marked off and board buses. We will have a stop on the way where students can buy some breakfast and stretch their legs. 11:00 am - Arrive at AGH Camps and begin activities
<b>Return:</b>	12:30pm - Board buses 4:00pm - Pick up from Stromlo. This time is an estimate, any changes will be updated on the school's Facebook page.
<b>Transport:</b>	Students will be transported on CDC City buses to and from the campsite.
<b>Cost:</b>	\$400 This covers transportation, meals, accommodation, activities and staffing.
<b>Food:</b>	Fully catered meals will be provided from lunchtime on Wednesday to lunchtime on Friday. Dietary requirements can be flagged on the following page and will be catered for by AGH.
<p><b>PLEASE NOTE:</b> Mobile phones are not to be taken on this camp. Students should not need their phones and phones will be taken if they are found. Plenty of photos will be taken by staff on the camp that students will be able to access upon returning. If your child has a medical condition that requires them to check their phone, please alert the teacher in charge of this excursion so that an exemption can be made. Teachers on this excursion will carry school mobiles that can be used to communicate urgent information to students. Parents can contact the school if urgent messages need to be relayed to staff or students.</p> <p><b>What to bring:</b> Please see the attached Packing List on the final page.</p> <p><b>Out of hours contact:</b> Parents and carers can make contact with a MSHS staff member out of hours on the school mobile number 0403469754.</p>	

During school hours, Mount Stromlo's front office can relay messages to staff and students on the excursion.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed.

Withdrawing from this excursion with less than 3 school days' notice requires a medical certificate for a refund to be granted.

If you have any questions regarding this excursion, please contact Celine Reid on 6142 3444 or email via [celine.reid@ed.act.edu.au](mailto:celine.reid@ed.act.edu.au)

Regards,

**Celine Reid**

**Year 9 Coordinator**

**Mount Stromlo High School**

## MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE - Year 9 Camp

I give permission for my child \_\_\_\_\_ (name)  
to attend the **Year 9 Camp** on Wednesday 28 August - Friday 30 August.

My child is: ☐ Male ☐ Female ☐ Other \_\_\_\_\_

### Dietary

If your child has any dietary requirements, please tick the corresponding box below, otherwise leave blank:

☐ Egg free ☐ Gluten/Wheat-free ☐ Halal ☐ Lactose/Dairy-free ☐ Nut free ☐ Vegan ☐ Vegetarian  
☐ Other (please describe) \_\_\_\_\_

### Medical

☐ I have filled out the medical form attached.

*\*\*If a Student's medical condition has changed a new Medical Consent form must be completed. The form can be downloaded from the School Website -*

*Excursion Tab - <http://www.mountstromlohs.act.edu.au> or contact the front office on 02 6142 3444 for further assistance.*

### **Code of Conduct and Parental Agreements:**

*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*I agree to my child participating in the activities mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child's attending this event.*

*I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency. I agree to provide any relevant medical information to the school to the excursion.*

Full name of Parent / Carer: (please print) \_\_\_\_\_

Signature of Parent / Carer: \_\_\_\_\_

Date: \_\_\_\_\_

## Permission for Aquatic Activities

As a part of this assessment and to help ensure the safety of your child, please provide the following information:

**Name of Child:** \_\_\_\_\_

**TEAM:** \_\_\_\_\_

1. **My child can swim:**

☐

YES

☐

NO

2. **Distance my child can confidently swim:**

☐

10m

☐

25m

☐

50m

☐

100m

3. **I agree to my child taking part in swimming / aquatic activities associated with this excursion.**

Full name of Parent/Carer (please print): \_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_ Date:    /    /

## PAYMENT SLIP FOR Year 9 Excursion

**DUE Friday May 10**

Student Name: \_\_\_\_\_ TEAM : \_\_\_\_\_ Amount Enclosed \$ :

**Payment Options: Fee Code: Year 9 camp**

Quickweb ☐      Cash ☐      Cheque ☐

Online payment is the preferred method of payment via the Mount Stromlo High School website

On-line Credit/Debit Card Westpac Quickweb :

<http://www.mountstromlohs.act.edu.au/payment>

Payments can also be made in person with cash, cheque or EFTPOS

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the "Information Privacy Act 2014" and the "Health Records (Privacy and Access) Act 1997 (ACT)".

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### Personal Details

Student's Name:				Date of Birth:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
School:	<b>MOUNT STROMLO HIGH SCHOOL</b>						
Year Level:		Camp/Excursion:					
Parent/Carer:							
Address:							
Business Hours:		After Hours:		Mobile:			
Emergency Contacts 1:				Telephone No:			
Emergency Contacts 2:				Telephone No:			
Name of Doctor:				Telephone No:			

Please tick if your child suffers any of the following:

- |                                                       |                                         |                                            |                                          |                                                 |
|-------------------------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> allergies                    | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy*         | <input type="checkbox"/> hay fever       | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis*                 | <input type="checkbox"/> diabetes*      | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma*                      | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) _____ |                                         |                                            |                                          | <input type="checkbox"/> sun screen sensitivity |

\*Please attach Emergency Treatment Plan/Action Plan

Date of last tetanus injection:	
Is the student presently taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to my child receiving paracetamol for temporary pain relief.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents must give written permission and directions for the administration of any medication taken during school or after hours school activities. Medications are to be clearly labelled with prescription details, in unopened, original packaging. Completion of the <i>Emergency Treatment Plan</i> is required.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any physical or psychological limitations of your child? Please give details.	
Is there any other information which you believe may help us to provide the best possible care?	

### Consent to medical attention

Parents/carers should note that in the absence of an *Emergency Treatment Plan*, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.

**PLEASE READ:** In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis and asthma emergency, I consent to the provision of first aid and any treatment as outlined in the attached *Emergency Treatment Plan (if applicable)*. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.

Signature.....
Date.....

## MOUNT STROMLO HIGH SCHOOL

### GETTING READY FOR CAMP

The packing list below has been prepared to ensure that all students have the appropriate equipment and clothing to fully participate in the range of activities at the campsite. Parents can find more information on AGH Camps's website, which has a parent information page and a gear checklist page. Website here: <https://aghcamps.com.au/parents-school-camp/gear-checklist/>

If you have any questions about the gear requirements or are unable to supply something, please contact the camp organiser Celine Reid at [celine.reid@ed.act.edu.au](mailto:celine.reid@ed.act.edu.au).

#### Packing checklist:

- ☐ 2-3 pairs of shorts
- ☐ 2-3 t-shirts (no singlets, sleeveless or midriff tops)
- ☐ 1-2 pairs of long pants in the event of cold weather
- ☐ 1-2 jumpers
- ☐ Socks and underwear
- ☐ Hat or cap (beanie in the event of cold weather)
- ☐ Raincoat
- ☐ Pyjamas
- ☐ 1 pillow and pillow case
- ☐ 1 sleeping bag or sheets with blanket
- ☐ Water bottle
- ☐ Sunscreen, insect repellent (no aerosols) and sunglasses
- ☐ 2 pairs of sensible sneakers or boots (one old pair that can get wet)
- ☐ 2 plastic bags for dirty or wet clothes
- ☐ Toiletries, including soap (no aerosols), toothbrush and toothpaste
- ☐ 2 towels (one for outdoors, one for showers)
- ☐ Sensible swimmers that can be comfortably worn for water activities
- ☐ Day-backpack
- ☐ Medications (if required – must be clearly labeled with child's name and handed in to the teacher)
- ☐ Handkerchief or tissues

#### Optional:

- ☐ Camera

#### Handy hint:

- ☐ Please label clothing, towels and sleeping bags with your child's name. You will need to supply a sleeping bag or blanket and pillow.

#### What not to bring to camp:

- ☐ Aerosol cans (e.g. spray on deodorant or insect repellent)
- ☐ Thongs, Ugg boots or slippers (these cannot be worn around the Centre or on activities)
- ☐ Mobile phones and other electronic devices
- ☐ Lollies or chewing gum
- ☐ Jewelry
- ☐ Anything valuable.

Please note that drugs, cigarettes and alcohol are not allowed at camp and campers found using or in possession of these items may be removed from the camp. Illegal drugs will be reported to the Police immediately.