



MOUNT ANNAN HIGH SCHOOL
248 WELLING DRIVE MOUNT ANNAN 2567

PO BOX 50 NARELLAN 2567
PHONE (02) 4648 0111 FAX (02) 4648 0042
EMAIL: mountannan-h.school@det.nsw.edu.au

Year 10 Camp, 2020

Dear Parent/guardian,

This letter is to inform you that Year 10 will be attending a camp in Week 7, Term 4. 50 students will be heading towards 'Nepean Adventure Centre' at Douglas Park. **Students who are not attending the camp MUST attend school as per normal.** The camp begins on Monday the 23rd of November and students will return on Wednesday the 25th of November. It provides an opportunity for students to enjoy themselves through a range of fun activities, as well as to relax after a year of hard work.

Attached to this letter are the following pieces of information:

- Camp details.
- Camp consent form A.
- Camp code of conduct.
- Nepean Adventure Centre medical and activity restriction form (dietary information is also on this form)
- Student gear checklist.

The total cost for camp is **\$305 per student.** This price includes accommodation, cleaning, activities, meals, transport, instructors and all other necessary camp costs.

Please note that a **\$50 deposit** is required in order to help secure your spot. However, a deposit does not necessarily guarantee that your child will be attending camp (*please see italicised text below*).

Please return your camp note as well as the attached forms to the office once completed if you wish for your child to attend the camp. Payments for camp will close on the **20th of October** (Week 3, Term 4). Parents may pay in instalments if they wish. Please note there will be no refunds if students are unable to attend the excursion.

The coach will leave the school premises at **9:00 a.m. on the 23rd of November.** Students are required to arrive **AT LEAST 30 minutes prior** so that their luggage can be put onto the coach and rolls can be marked.

Upon returning, coaches will leave the venue at ~1:30 p.m. and **return to school at approximately 2:30 p.m.**

IMPORTANT NOTE: *Any student involved in: regular misbehaviour throughout the year, bullying (in person or online), suspensions, truanting, physical altercations, level cards and/or acting in a way whereby they are a danger to themselves or others will have a HIGHLY REDUCED chance of being selected to attend camp. Year Advisors will forward a detailed examination of Sentral Database Records for each child who has paid a deposit to the Camp Advisory Committee at the beginning of Term 4 and the advisory camp committee will determine whether your child is able to attend camp or not.*

Yours sincerely.

Ms. S. Peiris and Mr. B. Singh
Year 10 Year Advisors

Mr. K. Bates
School Principal



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Camp Details

Location of camp: 'Nepean Adventure Centre' – Douglas Park	Date/s of camp: 23 rd November 2020 to 25 th November 2020
Place of departure Mount Annan High School	Time of departure : 23 rd November at 8:30 a.m. (arrive at 8:30 a.m. for roll call and luggage to be placed on coach)
Place of return Mount Annan High School	Time of return: 25 th November at ~2:30 p.m.
Cost of excursion: Deposit \$50 (to help secure your spot) Balance: \$255 (to be paid by 20/10/2020) Total: \$305	Transport details: <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Bus/Coach <input type="checkbox"/> Train </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> On foot <input type="checkbox"/> Ferry </div> <div><input type="checkbox"/> Other.....</div>
Staff member with emergency care training Other staff attending excursion	Mr B. Singh, Ms. S. Peiris,
Staff member with Cardio Pulmonary Resuscitation training	Mr B. Singh, Ms. S. Peiris,



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Camp Consent Form Section A

Please complete relevant details on this form and return to the school as soon as possible.

Privacy Advice

The personal information provided on this consent form will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this camp. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so may impede the resolution of welfare issues if you are not able to be contacted. This information will be stored securely. You may access or correct any of the details at any time by contacting the school.

Please tick the appropriate boxes below:

- ☐ I give permission for my child to receive medical treatment in case of emergency.
☐ I do not give permission for my child to receive medical treatment in case of emergency.

- ☐ My child has permission to be photographed for school promotion and archival reasons.

Parent Signature:.....

- ☐ My child **does not** permission to be photographed for school promotion and archival reasons.

Parent Signature:.....



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Camp Code of Conduct

Signing this code of conduct shows that you accept and honour the principles of attending a camp. I recognize:

☐ The educational importance of the camp

☐ I have responsibilities to my teacher, school and Venue organizers

During my camp I will:

☐ Maintain a positive and enthusiastic attitude

☐ Be courteous and respectful

☐ Observe rules, regulations and instructions

☐ Behave in a way that reflects pride in ourselves and our school

☐ Use mobile phone as per School Policy

☐ Behave properly and safely whilst traveling to and from the camp

☐ Encourage others to do the right thing

☐ Keep as a group and stay in sight of the teacher/facilitator

I am prepared to:

☐ Complete all necessary work during the camp as well as any pre-camp and post-camp activities.

Student's signature: Date:/...../.....

Signature of parent or caregiver.....



NEPEAN ADVENTURE CENTRE MEDICAL AND ACTIVITY RESTRICTION FORM

Please complete the Medical and Activity Restriction Form and return to the school office or the teacher/s responsible for organising the camp at your son/daughter's school.

Participant Details

Surname: Gender: ☐ M / ☐ F
Given Name/s: Date of Birth: / /
Address:
.....

Emergency Contact Details

☐ Parent / ☐ Guardian / ☐ Contact Person:
(Name in Full)
Telephone: (Home) (Business) (Mobile)

Medical Information

Medicare N^o: Ambulance Cover: ☐ Yes / ☐ No
Position on Medicare Card (eg. 1,2): Medicare Expiry:
Private Health Insurance Fund: ☐ Yes / ☐ No
Fund Name: Fund Policy N^o:

Please answer the following medical questions regarding your son/daughter:

1. Is your son/daughter in good health? ☐ Yes / ☐ No
2. Does your son/daughter suffer any chronic illness, or disability? ☐ Yes / ☐ No
If yes, please specify:
.....
3. Does your son/daughter need to take any form of medication on camp? ☐ Yes / ☐ No
If yes, please specify: (dose, frequency etc.)
.....
Does the medication need refrigeration? ☐ Yes / ☐ No
4. Has your son/daughter suffered from any acute illness during the past four months? ☐ Yes / ☐ No
If yes, please specify:
.....
5. Has your son/daughter had any major surgery (knee, back, heart, etc.)? ☐ Yes / ☐ No
If yes, please specify:
6. Has your son/daughter been treated by a doctor during the last four weeks? ☐ Yes / ☐ No
If yes, please attach a doctors report with instruction about medical treatment and a certificate stating that the participant is fit to attend.

7. Does your son/daughter have any allergies? (insects, food, medication, etc.) ☐ Yes / ☐ No
If yes, please specify:
8. Does your son/daughter have any special dietary requirements? ☐ Yes / ☐ No
If yes, please specify:
9. Does your son/daughter: wet the bed? ☐ Yes / ☐ No
sleep walk? ☐ Yes / ☐ No
10. Has your son/daughter had the Diphtheria Tetanus Toxoid booster injection? ☐ Yes / ☐ No
If yes, what date was the last booster given? / /
11. Do you give permission for Panadol to be administered to your son/daughter if required? ☐ Yes / ☐ No

Activity Restrictions

All activities are instructed by qualified instructors and at all times are supervised and accompanied by your son/daughter's school teachers.

If you do not want your son/daughter to participate in any particular activity or activities, please write them in the space provided and notify your son/daughter of the activity or activities for which they are to be excluded. Please be aware that any activities that have been restricted cannot be changed by the student on arrival should they then wish to participate. All activities are "Challenge by Choice" and no student is forced to attempt any activity:

.....

.....

Is your son/daughter permitted to participate in swimming/water activities? ☐ Yes / ☐ No

If no, please inform your son/daughter that they are not to participate in any swimming/water activities.

How do you rate your son/daughter swimming ability?

☐ Non Swimmer ☐ Average ☐ Competent (swim more than 50m)

Parent or Guardian Consent

In the event of any accident or illness and I am unable to be contacted, I authorise the obtaining of such medical assistance on my behalf that my son/daughter may require. I also agree to cover medical fees and/or cost of such assistance that may be incurred while my son/daughter is with Nepean Adventure Centre.

Wilful damage of property while with Nepean Adventure Centre will be paid for either by the student involved or by their parent/s or guardian.

..... to attend the program run by Nepean Adventure Centre.
(Son/Daughter's Full Name)

Signature of Parent/Guardian Date: / /



STUDENT GEAR CHECKLIST (3-DAY CENTRE PROGRAM)

- | | |
|---|--|
| <input type="checkbox"/> 4 T-shirts (no mid-driff or sleeveless shirts allowed) | <input type="checkbox"/> Torch (make sure it is working before you bring it on camp) |
| <input type="checkbox"/> 4 pairs of shorts (Not short, shorts) | <input type="checkbox"/> 1 water bottle (1 litre capacity minimum) |
| <input type="checkbox"/> 2 long sleeve shirts or jumpers | <input type="checkbox"/> Insect repellent and Sunscreen |
| <input type="checkbox"/> 2 pair of long pants for cold weather | <input type="checkbox"/> 2 pairs of sensible joggers or boots (1 old pair that you can get wet - no thongs!) |
| <input type="checkbox"/> Spare socks and underwear | <input type="checkbox"/> 2 plastic bags to put your dirty or wet clothes in |
| <input type="checkbox"/> Hat or cap and beanie | <input type="checkbox"/> Toiletries |
| <input type="checkbox"/> 1 raincoat | <input type="checkbox"/> 2 towels (1 for outdoors, 1 for showers) |
| <input type="checkbox"/> Pyjamas | <input type="checkbox"/> Swimmers |
| <input type="checkbox"/> 1 pillow and pillow case | <input type="checkbox"/> Hair tie for abseiling (if you have long hair) |
| <input type="checkbox"/> 1 sleeping bag or sheet/s with blanket | <input type="checkbox"/> 1 plate, 1 bowl, 1 fork, 1 knife, 1 spoon, 1 cup and tea towel (mess kit) |
| <input type="checkbox"/> Optional Items – Camera, Souvenir / Shop Money | |

Note:

In addition to the above items it is also recommended that you bring a small day pack so that personal items such as medications, water bottles, hats, raincoats, insect repellents and sunscreens can be easily carried during the day.

