20/02/2015

Dear Parents / Carers,

The first Duke of Edinburgh’s award camp for 2015 will be held on Saturday 28th and Sunday 29th March 2015. We will be walking through the Gibraltar National Park. Students will be travelling in private vehicles with the attending teachers. Students will be departing the college at 8am on Saturday morning and returning on Sunday afternoon approximately 3pm.

Students will need to ensure that they have registered with the Online Record Book (ORB) and paid their registration fees well before this date. If this is not done then this camp will not count towards their bronze award.

Students will need to supply all of their own equipment and carry their belongings for the duration of the trip. We recommend they borrow or purchase a hiking pack. A list of what to bring is attached to this letter.

We will be running training sessions to prepare students for this camp during sport on Thursday afternoons. The dates for these are outlined below:

Thursday 12th March- First aid

Thursday 19th March- Camp cooking (bring a tin of beans/spaghetti etc to cook)

Thursday 26th March- Navigation (bring a compass if you have one)

It is essential students attend these training sessions as these are part of their preparation for the journeys.

If you have any questions please contact me on 6643 1434 or csavell@lism.catholic.edu.au

Yours faithfully,

Candice Savell
Duke of Edinburgh Coordinator

Mr Leon Walsh
Principal.

I ___________________________ give permission for my son/daughter ___________________________ to attend the Duke of Edinburgh’s award camp to Gibraltar National Park on the 28th and 29th of March.

Signed: ___________________________
STUDENT MEDICAL AND PROGRAM CONSENT FORM
This information is confidential and will not be used to deny participation in the program.

School / Organisation: 
Surname: 
Given Names: 
Age: 
Date of Birth: 
Gender: M / F
Address: 
Suburb / Town: 
State: 
Postcode: 

Emergency Contact 1 (Name): 
Relationship: 
Phone Number: (H) 
Phone Number: (W/ Mobile)

Emergency Contact 2 (Name): 
Relationship: 
Phone Number: (H) 
Phone Number: (W/ Mobile)

We must be able to contact the above people 24 Hours a day

Doctors Name: 
Phone Number: 
Ambulance Subscriber: Yes / No 
If Yes Number: 
Medical Cover (Agency): 
Number: 
Medicare Number: 

MEDICAL HISTORY
When was your last Tetanus Booster ___ / ___ / ___ If 10 years + you are advised to arrange a booster before program

<table>
<thead>
<tr>
<th>Have you ever suffered from</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies (Foods, Plants, Insects – if Related to medication do not complete Allergy Reaction Management Form – just nominate the medication)</td>
<td></td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Epilepsy</td>
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<tr>
<td>Heart Problems</td>
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<tr>
<td>Blood Pressure</td>
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<td></td>
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<tr>
<td>Recent Illness/Injury/Operation</td>
<td></td>
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<tr>
<td>Sleep Walking</td>
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<td></td>
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<tr>
<td>Migraines</td>
<td></td>
<td></td>
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<tr>
<td>Behavioural Issues eg ADD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Infectious Diseases eg. Colds. Viruses, measles, chicken pox, Head Lice, Hepatitis A, B, C, Blood disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other – inc. Dietary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES please complete Asthma Management Form
If YES please complete Allergy Reaction Management Form
If YES please complete a Diabetes Management Form
If YES please complete a Medical Management Form
If YES please complete a Medical Management Form

MEDICINES
Is your child currently taking medication? Yes / No
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Doctor’s Instructions</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please ensure medication is clearly labelled with child’s Name and dosage requirements and handed to the accompanying adult. No medication is to be carried by a child unless accompanying adult is advised.

Do you authorise the provision of **paracetomol** to the participant should the need arise?  Yes / No

Signed (Parent/Guardian if participant is under 18): ____________________________

If “yes”, please state the dosage: ____________________________________________

- Does your child wear contact lenses? Yes / No
- Does your child have any other condition we should be aware of? Yes / No

Details: __________________________________________________________

If you have any further details which may assist us in taking care of your child during this program, please attach a separate note to this form. You may also wish to discuss any concerns with us personally.

Further information attached to this form: Yes / No
What to Pack for a Duke of Ed camp

You will require a hiking pack. Students must be able to carry all of their belongings. Do not pack anything that it valuable or unnecessary. Please pack all belongings inside a garbage bag. This will keep them dry in the event of rain.

Bedding

Sleeping bag
Hootchie/tarp/lightweight tent

Food

Water (at least 3 litres)
Food for 2 lunches, 1 dinner and 1 breakfast, plus snacks
Suggestions: noodles, pasta, rice, fruit (fresh and dried), nuts, crackers, sandwiches, powdered milk, cereal, muesli bars, poppers

Cooking

Hexistove or methostove
Billy
Cup, plate and bowl
Utensils
Tea towel

Clothing

Long sleeved shirt and pants or shorts for 2 days
Beanie
Sturdy shoes
Socks
Spare shoes
Swimmers
Wide brimmed hat
Raincoat

Other

Sunscreen
Insect repellent
Camera (optional)
Torch
Pocket knife (optional)
Band aids
Matches