TSP Orientation Camp Wollongong

Wednesday 11th - Friday 13th February 2015

Dear Parent/Guardian,

As the coordinator of the TSP program at Erindale College, I have arranged for our Sports Academy students to participate in a three day Orientation and Team Building program at Stanwell Park, near Wollongong. This program will be conducted by 'The Tops Conference Centre' staff who specialises in providing school groups the opportunity of individual challenge through a variety of adventure activities.

The primary aim of this initiative is to introduce our students to leadership, team building and adventure through a variety of activities requiring lateral thinking, problem solving and physical fitness. It is also an opportunity for students to get to know each other in comfortable surrounds as it offers an amazing location, comfortable accommodation, exciting adventure and recreational activities and great food.

It is our firm belief all students attending the trip will get great benefit from participating in the program which will put them in great stead for the rest of the school year.

The cost of the excursion is $300 which includes:
- Accommodation
- Bus hire and transport
- All meals
- Instruction and gear for all activities

Payments can be made now at the front office or via the payment methods listed overleaf. Full payment is due by **Wednesday 4th February**.

If you would like any further information about the proposed venue or activities program, you can go to the website www.thetops.com.au or contact me at school on 6205 8146. We hope you support this very worthwhile opportunity.

Yours Sincerely

Mark Armstrong
Executive Teacher-Talented Sports program
3rd December 2014
FORM EBT
BUS TRANSPORT
EXCURSION PERMISSION NOTE

The following excursion is being organised at the college. Please complete and sign the attached consent form to indicate that your son/daughter has your permission to join the excursion.

Department: Erindale Sports Academy  
Teacher organising: Mark Armstrong

Other teachers attending: Glenn Coward, Garry Ball, Natalie Keen, Daniel Hawke, Tim Davies, Sean Connochie, Matt Adams, Tracey Morris

Purpose: Orientation to Erindale Sports Academy

<table>
<thead>
<tr>
<th>Venue</th>
<th>Date</th>
<th>Cost</th>
<th>Departure Time</th>
<th>Return Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Tops</td>
<td>11th-13th</td>
<td>$300</td>
<td>6.30am</td>
<td>5.00pm</td>
</tr>
<tr>
<td>Wollongong</td>
<td>February</td>
<td></td>
<td>11th Feb</td>
<td>13th Feb</td>
</tr>
</tbody>
</table>

Special clothing/equipment: Sleeping bag, pillow case, towel, toiletries, wet weather gear, swimmers, oldish clothes for doing activities

The ACT Department of Education asks all schools and colleges to advise parents as follows:

- **Staff accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their behaviour and activities.**

- **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 students of the risks to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.**

Signed: __________________________                  Date: __/__/19

Head of Department: ___________________________  
for the Principal

Emergency contact number during excursion: **Mark Armstrong 62058111**

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has my permission to join the excursion arranged by the Erindale Sports Academy to take place on the 11th – 13th February 2015.

If the teacher-in-charge deems it necessary then:
  - medical attention may be sought or emergency arrangements may be made for the student
  - the student may be returned home during the excursion for any inappropriate behaviour

I agree to meet the costs incurred in any of these eventualities. (Be aware that ambulance travel is free only in the ACT)

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent/Guardian ___________________________  
Signature: ___________________________  
Date: __/__/
DIRECT DEPOSIT DETAILS

Erindale College Management Account
WESTPAC
BSB number: 032777
Account number: 001236

Please include the following details:
- Student name
- Payment detail

Forward payment details to the College or email details (with date of deposit) to:
info@erindalec.act.edu.au

AUTHORITY TO DEBIT A CREDIT CARD

Date: __________

Student Name: ________________
(Surname) (First Name)

Parents Surname: ________________ (_________)
(family key)

Details

Amount: __________
Amount: __________
Amount: __________
Amount: __________
Amount: __________

Total: __________

Please debit my MasterCard / Visa (please circle)

Cardholder’s Full Name: ______________________

Signature: ______________________ Expiry Date: _____/_____

[Table for details and amounts]
Letter to Parents
Excursion Medical Information and Consent Form

Dear Parents

I am attaching an Excursions Medical Information and Consent Form and request that you complete and return it to the school as soon as possible.

The information you are requested to give on the attached form will be used to record the student’s medical, accident and other details. The contents and use of this form meet the requirements of the Privacy Act 1998 (Cwlth) and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

To ensure that the information on this form is accurate and current, you are requested to advise the school immediately of any changes that should also be reflected on the General Medical Information and Consent form kept at the school and arrange to update the form.

Management of Medical Conditions
The department is committed to providing a safe and healthy environment for students. While school staff have a duty of care to students to provide first aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication. In these cases, departmental policies require principals to ensure that a comprehensive written authority is obtained from the student’s parents and also seek from them a written statement from the student’s doctor authorising a member of staff to administer the prescribed medication.

First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy
You are asked to indicate on the attached Excursion Medical Information and Consent form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes, or epilepsy, Emergency Treatment Plans must be completed, signed by both parents/carers and the student’s doctor and provided to the school. Proformas for these plans are available at the school’s front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

Emergency Treatment of an Asthma Attack
Please read this section carefully and seek clarification from your family doctor if necessary. These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately. Where indicated, a bronchodilator inhaler device ("puffer") will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems.
This treatment could be life saving and ACT Health (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device
If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side effects.

Medical Services for Students attending ACT Government Schools
ACT Health advises that the following arrangements apply to students in ACT Government schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

Ambulance Transportation
Students injured while under supervision at school or in a school-related situation within the ACT are transported free of charge to the emergency section of the public hospital in the ACT.

Parents and guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT. Free ambulance cover does not apply to students in the Jervis Bay area of the ACT. Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

Casualty Treatment
1. Under the Medicare arrangements no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.

2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, s/he will be automatically classified as a Medicare patient and no charge will be raised.

3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly would be appreciated.

Yours faithfully

Mark Armstrong

Date: 3/12/2014
Excursion Medical Information and Consent Form

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category B, C & D excursion, overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken on the excursion.

The department 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 your child's school and will be made available to staff of the school 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 Privacy Act 1988 (Cwlth). Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: ____________________________ Given/preferred name: ____________________________

Date of Birth: __/__/____ Sex: ☐ M ☐ F

School: ____________________________ School Year: ______ Camp/Excursion: ____________________________

Parent/Carer: ____________________________

Address: ____________________________

Contact Telephone Nos - Business Hours: ____________________________

After Hours: ____________________________ Mobile: ____________________________

Other Contact for Emergency: ____________________________ Telephone No: ____________________________

Name of Student's Doctor: ____________________________ Telephone No: ____________________________

Medicare No: _____ Private Health Fund: ________ Membership Number ______

Ambulance Fund: Note: Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

☐ Anaphylaxis * ☐ Allergies ☐ Fits or Blackouts ☐ Nose bleeds
☐ Asthma * ☐ Blood pressure ☐ Hayfever ☐ Reaction to drugs
☐ Diabetes * ☐ Eczema ☐ Headaches ☐ Sight/Hearing problems
☐ Epilepsy * ☐ Fainting ☐ Heart condition ☐ Sun screen sensitivity

☐ Other ____________________________

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

☐ Yes ☐ No
If Yes, a General First Aid Plan is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

Date of last tetanus injection: ___ / ___ / ___

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes □ No □

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion ____________________________

Is the student presently taking any medication? Yes □ No □

If Yes, please state name of medication, dosage, etc: ____________________________

NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.
Parents must give written permission and directions for the administration of any medication taken during the excursion.

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes □ No □

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. In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: ____________________________ Date: ___ / ___ / ___
(Parent/Carer)

Signed: ____________________________ Date: ___ / ___ / ___
(Parent/Carer)

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student whilst on the excursion.

Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.
<table>
<thead>
<tr>
<th>PARTICIPANT DETAILS</th>
<th></th>
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<tbody>
<tr>
<td><strong>A</strong> Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Name of Group:</td>
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<table>
<thead>
<tr>
<th><strong>B</strong> The participant warrants:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>the participant is a member of the following medical fund:</td>
<td></td>
</tr>
<tr>
<td>the participant(s):</td>
<td></td>
</tr>
<tr>
<td>the participant’s number is:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C</strong> ACCEPTANCE / ACKNOWLEDGEMENT OF RISK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The participant acknowledges and agrees that the participant is a member of the following medical fund:</td>
<td></td>
</tr>
<tr>
<td>The participant is a member of the following medical fund:</td>
<td></td>
</tr>
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</table>

Note: If the above information has already been collected by the participant in this section C, the participant may sign here to confirm their agreement to the information provided in this section C.

Parent/Guardian Signature: ____________________________

Date: ____________________

Relationship to Participant: ____________________________
This is by no means a comprehensive list of everything you could possibly need. If in doubt, remember, it's better to have it and not need it than to need it and not have it!

- Wet weather gear / raincoat
- Personal Medication
- Hat
- Jumper and / or Jacket
- Sun Screen
- Covered shoes (thongs sandals are not recommended for outdoor use on site)
- Personal insect Repellent

- Linen: 1 base sheet + top sheet or sleeping bag & pillow case. Unless linen hire arranged
- Toiletries
- Bath Towel
- Sleep Wear
- Underwear
- Change of clothes for each day
- Socks

- Extra pair of covered shoes
- Water bottle
- Full length tops to cover body when wearing harnesses
- Short pants for bushwalking etc.

**Note:** Outdoor activities may result in damage / soiling of clothing. Please ensure clothing is suitable for outdoor recreational use.

- Day pack (for bush walking and carrying gear to activities)
- Garbage bag to take wet / dirty clothes home in
- Torch
- Swimmers
- Beach Towel
- Money (coins for guest washing machines and vending machines)
- Camera

Ph: 1800 816 496
Fax: (02) 4294 1432

Email: mailto:enquiries@thetops.com.au
Web: http://www.thetops.com.au
All participants are required to supply a completed acknowledgement of risk form prior to commencement of activities.

Please supply a medical summary sheet for each group to ensure instructors are aware of any issues e.g., asthma, allergies, injuries

This program will operate with between 45 and 75 participants divided into 3 groups.

Each participant will receive a water bottle.