



Glendale Technology High School

"Educate For Life"

Oakland Street,
Glendale, 2285
Phone: 4954 9166
Fax: 4956 6879

Name of Excursion: Year 7 Great Aussie Bush Camp

Parent / Guardian Information and Permission Note

Dear Parent or Guardian,

This note is to inform you of the details of an excursion that has been organised and seek your permission for your child to attend. This excursion is for students in Year 7

Days and Date: Wed 29th - Fri 31st May 2024

Supervising Teacher(s): B. Irish

Location: Great Aussie Bush Camp, Tea Gardens

Purpose of the excursion: The Year 7 Great Aussie Bush Camp provides opportunities for students to engage in fun, challenging, diverse and relevant activities, with the purpose of developing resilience, teamwork, and relationships.

Students are to meet at: GTHS - Bus Bay Time: 8.30am

Method of Transport: Chartered Bus

Students are to be collected from: GTHS - Bus Bay Time: 3.10pm

Total Cost: \$355

Dress Requirements: As per Student Gear checklist

Additional information: **Full payment is due by Wednesday, 8th May 2024.**
Please return completed permission note, aquatic note and medical / dietary requirements to the front office by this date.
Payments can be made in full or by installments at the front office or via Schoolbytes. Students suspended on or after the 14.3.24 will be excluded from the excursion

Mr Anthony Angel

Date:

14/3/24

Please complete and return the slip to the Front Office by: 10.5.24

Please note that once the school has committed a payment to a third party, refunds may not be available.

Return Permission Slip

I hereby consent to my child _____ of Year _____ to participate in the excursion to Year 7 Great Aussie Bush Camp on Wed 29th - Fri 31st May 2024

Total cost of the excursion payable is \$355 Receipt Number (if paid online) _____

I consent to my child being photographed on the understanding the images are used to promote the excursion in our school newsletter, website etc. Yes / No

I consent to the supervising teacher seeking medical aid that he/she feels is necessary. Yes / No

My child has special needs you should be aware of and the details are below, e.g. allergies, medication, asthma, epilepsy. Yes / No

Signature of Parent/Guardian: _____ Date: _____

Contact Phone Numbers. 1st point of call: _____ 2nd point of call: _____

Please return this completed form, accompanied by any payments due, to the Front Office by: 10.5.24 Failure to do so may forfeit your child's place on the excursion.

Medical Information

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about a student who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by Glendale Technology High School

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities. The Department will not cover medical costs resulting from illness or accidents during the time of the excursion

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

Medical information form

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

.....

Outline special dietary needs including possible reaction to inappropriate diet

.....

.....

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

.....

.....

Additional Information

.....

Signature: Date:

Structured aquatic activities - advice

The excursion will involve structured aquatic activities including:

These activities will take place at: Year 7 Great Aussie Bush Camp

Structured aquatic activities - response

In relation to the proposed structured aquatic activities (please circle response):

My child is **permitted** to go in the water

My child is **not permitted** to go in the water

.....
Signed parent / care giver

.....
Please indicate your child's level of proficiency, if you give permission for your child to go in the water (please circle response):

A non swimmer: My child is unable to swim

A weak swimmer: My child is comfortable and confident in shallow water but cannot swim very well

An average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep water

A strong swimmer: My child is a strong swimmer and is very confident in deep water

.....
Signed parent / care giver

Medical Form – Child

Name of School: _____ School year: _____

Student Details:

Surname: _____ Given Names: _____

Address: _____

Postcode: _____ Date of Birth: ____/____/____ Male Female

Parent / Guardian Details:

Please Tick ✓: Mother / Guardian Father / Guardian Other Contact

Full name of Parent / Guardian Details: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medicare Number: _____ Expiry Date: ____/____/____

Student Name on Card: _____

Student Number on card: _____

Ambulance Cover: Yes No

Private Health Fund Name: _____ Health Fund member number: _____

Is your child in good health? Yes No

Does your child require regular medication? Yes No

Does your child suffer from any Chronic Illness / Injury / Allergies?
If yes, please specify? Yes No

Parent / Guardian Signature: _____ Date: ____/____/____



Current Medication / Dietary Requirements

School: _____ Student Name: _____

Time and Dosage -- Please specify exact time of medication

| Medication Name | Breakfast | | Lunch | | Dinner | | Other | |
|-----------------|-----------|------|-------|------|--------|------|-------|------|
| | Time | Dose | Time | Dose | Time | Dose | Time | Dose |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Regulations require that all medication must be provided in the original container / packaging.
Teachers will collect and administer all medication.

| | | |
|--|-----|----|
| Has your child suffered from any Acute Illness in the past four months? If yes, details. | Yes | No |
|--|-----|----|

| | | |
|---|-----|----|
| Has your child been treated by a doctor in the past four weeks? If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp. | Yes | No |
|---|-----|----|

| | | |
|---|-----|----|
| Has your child had any major surgery? If yes, please specify. | Yes | No |
|---|-----|----|

| | | |
|--|-----|----|
| Is your child's Immunisation up to date, including tetanus? If yes, what year was the last booster given? | Yes | No |
|--|-----|----|

| | | |
|------------------------------|-----|----|
| Does your child wet the bed? | Yes | No |
|------------------------------|-----|----|

| | | |
|-----------------------------|-----|----|
| Does your child sleep walk? | Yes | No |
|-----------------------------|-----|----|

| | | |
|--|-----|----|
| Do you give permission for Panadol to be administered if required? | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| Does your Child have any Dietary Requirements? If YES please specify: | Yes | No |
|--|-----|----|

Water or Swimming Activities:

In relation to any proposed water or swimming activities, my child: Name: _____

(Please tick ✓ one:)

STRONG SWIMMER

AVERAGE SWIMMER

POOR SWIMMER

NON-SWIMMER



TEA GARDENS

Gear Checklist – Children (Based on a 3 day camp)

PLEASE CLEARLY NAME ALL ITEMS

MEDICATION NEEDS TO BE GIVEN TO THE ORGANISING TEACHER

The checklist below is a guide only. It is a good idea for students to pack their own bags so that they can re pack for the trip home.

- Mess kit (plate, cup and fork) Non disposable
- Water bottle
- Raincoat (regardless of forecast)
- Hat or cap
- Sleeping bag (extra blanket in winter)
- Pillow
- Sunscreen
- 1 pair pyjamas (tracksuit in winter)
- Day pack (small backpack for water, sunscreen, etc)
- Torch (make sure it works before you leave home)
- Toiletries (including toothbrush!)
- Insect repellent
- 2 pairs of runners (1 old pair for water activities)
- Thongs – only for going to and from showers
- 3 T-shirts needed, no singlet tank tops / midriff tops (for safety on activities)
- 3 sets of underwear
- 3 pairs of shorts - NO MINI SHORTS (for safety on activities)
- 3 pairs of track pants (if cold weather forecast)
- 2 sloppy joes / windcheaters (if cold weather forecast)
- 3 pair socks
- Bath towel
- Beach towel and swimmers
- Optional - camera, money for souvenirs
- Tissues / hankies
- Plastic bags for wet clothes / towel.

