Please find attached:

- Permission and Payment Form to be completed and returned

- Yellow Medical Notice (including dietary and panadol permission) to be completed and returned (both sides)

- Travel Permission needs to be filled out if the student is not being picked up by a parent and returned

- Alternate Pick Up Arrangements needs to be completed if somebody different to a parent is collecting your child. (Leave blank if a parent is doing the pick up)

- Asthma Plan (Only for asthmatics, needs to be completed and returned)

- Camp Expectations is to be discussed and signed off by both student and parent and returned to school

Please ensure ALL forms are completed in full and returned to school as soon as possible!
Dear Parents,
As part of the Montrose Primary School Camping Program, the Grade 3 children will participate in an overnight camp in Mt Evelyn at the Oasis Camp: 66-72 Monbulk Rd, Mt Evelyn.

This will take place from **Monday 14th September to Tuesday 15th September.**

**The cost of the camp will be $85 (camp + one way bus trip)**

There will be a 1:10 ratio of staff/adult to students. One level 2 first-aid teacher will be attending. We will depart **BY BUS** Monday morning leaving at 9:15am and arriving at Camp Oasis by approximately 9:30am.

**Children will need to bring a play-lunch and lunch along on the first day.**

N.B. Parents will need to arrange the **PICK-UP** of their child at 3pm Tuesday afternoon from **OASIS CAMP!**

<table>
<thead>
<tr>
<th>Monday 14th September</th>
<th>Tuesday 15th September</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45am Children arrive at school.</td>
<td>7:45am Duty group</td>
</tr>
<tr>
<td>9:15am Bus departs to take children and staff to camp.</td>
<td>8:00am BREAKFAST</td>
</tr>
<tr>
<td>9:30 Arrive at Camp Oasis and given introductory talk followed by cabin setup.</td>
<td>9:00 Pack up/clean up. Luggage to shelter</td>
</tr>
<tr>
<td>10:00 Morning tea (B.Y.O.)</td>
<td>9:30 Activity 5</td>
</tr>
<tr>
<td>10:30 Placemats</td>
<td>10:30 MORNING TEA</td>
</tr>
<tr>
<td>11:00 Activity 1</td>
<td>11:00 Activity 6</td>
</tr>
<tr>
<td>12:30 Lunch (B.Y.O)</td>
<td>12:15 Duty group</td>
</tr>
<tr>
<td>1:30 Activity 2</td>
<td>12:30 LUNCH</td>
</tr>
<tr>
<td>2:30 Activity 3</td>
<td>1:30 Shoe and bottle game</td>
</tr>
<tr>
<td>3:30 AFTERNOON TEA (supplied)</td>
<td>3:00 Picked up by parents at Oasis Camp</td>
</tr>
<tr>
<td>4:00 Activity 4</td>
<td></td>
</tr>
<tr>
<td>5:00 Showers etc</td>
<td></td>
</tr>
<tr>
<td>5:30 Dinner group</td>
<td></td>
</tr>
<tr>
<td>5:45 DINNER</td>
<td></td>
</tr>
</tbody>
</table>

# Please fill out the permission and payment form as well as the medical form that are attached to this notice and return to the office promptly.

**Full payment and permission forms and medical form needs to be received by the school by Friday 28th August or the student will not be taken on camp.**
Please fill out the form below and return to school by Friday 28th August

GRADE 3 OVERNIGHT CAMP OASIS MT EVELYN SEPTEMBER 2015

Child’s Name: ____________________________ Grade: _______ Date: _______

I give permission for my child to participate in the overnight camp at Camp Oasis on Monday 14th September to Tuesday 15th September 2015.

I authorise the teachers in charge of the camp to consent, where it is impracticable to communicate with me; to the child receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardian Name: ____________________ Signature: _______________

<table>
<thead>
<tr>
<th>Cost of Camp: $85.00</th>
<th>Credit Card Payment Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Visa [ ] Bankcard [ ] MasterCard [ ]</td>
</tr>
<tr>
<td></td>
<td>Name on Card: ___</td>
</tr>
<tr>
<td></td>
<td>Card Number: <em><strong><strong>-</strong></strong></em>-<strong><strong>-</strong></strong></td>
</tr>
<tr>
<td></td>
<td>Expiry Date: <em><strong>/</strong></em> CVV Number ___</td>
</tr>
<tr>
<td></td>
<td>Amount $ ______</td>
</tr>
<tr>
<td></td>
<td>Signature: ____________________</td>
</tr>
</tbody>
</table>

Permission Form Return & Payment

Payment and permission forms need to be received by the school by Friday 28th August.

- No payment will be accepted after this time due to the processing requirements for camp
- Failure to make payment by the stipulated date, will result in students not being taken on the camp, unless prior arrangements have been made.

Refer to the ‘Parent Payment Policy’ for detailed information on payment of optional activities
Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: **Grade 3 Camp Oasis**  
Date(s): **Monday 14th – Tuesday 15th September 2015**

<table>
<thead>
<tr>
<th>Student’s full name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s address:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Year level:</td>
</tr>
<tr>
<td>Parent/guardian’s full name:</td>
<td></td>
</tr>
<tr>
<td>Telephone numbers: <strong>Mobile:</strong></td>
<td><strong>Home:</strong></td>
</tr>
<tr>
<td>Name of person to contact in an emergency (if different from the parent/guardian):</td>
<td></td>
</tr>
<tr>
<td>Emergency telephone numbers: <strong>After hours</strong></td>
<td><strong>Business hours</strong></td>
</tr>
<tr>
<td>Name of family doctor:</td>
<td></td>
</tr>
<tr>
<td>Address of family doctor:</td>
<td></td>
</tr>
<tr>
<td>Medicare number:</td>
<td></td>
</tr>
<tr>
<td>Medical/hospital insurance fund:</td>
<td>Member number:</td>
</tr>
<tr>
<td>Ambulance subscriber? □ Yes □ No</td>
<td>If yes, ambulance number:</td>
</tr>
</tbody>
</table>

Is this the first time your child has been away from home? □ Yes □ No

Please tick if your child suffers any of the following:  
□ Asthma (if ticked complete Asthma Management Plan) □ Bed wetting □ Blackouts  
□ Diabetes □ Dizzy spells □ Heart condition □ Migraine  
□ Sleepwalking □ Travel sickness □ Fits of any type

□ Other:  

**Swimming ability**  
*Please tick the distance your child can swim comfortably.*  
□ Cannot swim (0m) □ Weak swimmer (<50m) □ Fair swimmer (50-100m)  
□ Competent swimmer (100-200m) □ Strong (200m+)*
Allergies
Please tick if your child is allergic to any of the following:

☐ Penicillin  ☐ Other Drugs: ________________________________

☐ Foods: ________________________________  ☐ Anaphylactic: ________________________________

☐ Other allergies: ________________________________

What special care is recommended for these allergies? ________________________________

Year of last tetanus immunisation: ________________________________

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

I give permission for Panadol to be administered if deemed necessary on camp ☐ Yes ☐ No

Medication
Is your child taking any medicine(s)? ☐ Yes ☐ No
If yes, provide the name of medication, dose and describe when and how it is to be taken.

______________________________

Please Note: A separate medical form will need to be filled out and handed to the first-aid teacher on the morning of camp along with all medication to be administered, in a clearly labelled, zip-lock bag (glad bag).

Special Dietary Requirements
Does your child require any special dietary requirements? Yes / No (please circle – if yes, please provide details below)

______________________________

All medication must be given to the teacher-in-charge. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent
Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

• Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.

• Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

______________________________
Signature of parent/guardian (named above)

______________________________
Date:

The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.
Grade 3 Oasis Camp - Travel Permission Slips

**Travelling in a vehicle with a school staff member** *(All families to complete)*

Child’s Name: ___________________________  Grade: ______________

Should a situation arise where medical treatment or advice needs to be sought off the camp site, I consent to my child travelling with a member of the Montrose Primary School staff in a staff member’s vehicle.

Parent/Guardian Name: _____________________  Signature: _____________________  Date: ______

**Alternate Pick Up Arrangements**

*(Required if somebody different to a parent is collecting your child from Oasis Camp Mt Evelyn at the close of the camp)*

Child’s name: ___________________________  Child’s Grade: ______________

I give permission for the designated adult below to pick up my child at the conclusion of the Grade 3 camp. The designated adult will be responsible for picking my child up from the Oasis Camp site in Mt Evelyn and then being responsible for the child in accordance with the private arrangements made.

Name of designated adult picking up my child: ______________________________________

Parent Signature: ___________________________  Date: _____________________
Asthma Management Form

The following confidential information is required to assist in the proper management of a child’s asthma, if such help is needed. Please complete and attach to the Medical Consent form. For more information on Asthma see section 4.5.7 of the Victorian Government Schools’ Reference Guide. Further information is available from the Asthma Foundation www.asthma.org.au

Student’s name: 

School:

Usual signs of asthma: □ Wheezing □ Chest tightness □ Coughing □ Difficulty breathing □ Difficulty speaking □ Other

When completing this form please seek the advice of the asthmatic’s doctor if necessary.

1. Usual maintenance regime or medical program followed:

   Name of Medication  Method (eg. Puffer & spacer, turbohaler)  When and how much?

   Does the child require assistance to take their medication? □ Yes □ No

2. Peak flow readings: Best .......................Critical .........................(bring own peak flow meter)

3. Signs of worsening asthma: □ Wheezing □ Chest tightness □ Coughing □ Difficulty breathing □ Difficulty speaking □ Other:

   Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

   See Asthma First Aid Plan attached on page 2.

5. List any known asthma trigger factor(s):

6. Has the person been admitted to hospital due to asthma in the past 12 months? □ Yes □ No
7. Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc) □ Yes □ No
8. Has the person ever suffered sudden severe asthma attacks requiring hospitalisation? □ Yes □ No

Important Notes
If you have answered “yes” to questions 6, 7, or 8 then the decision for the person to participate rests with the child’s doctor. The process in such situations is as follows:

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- the person's doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available;
- a letter from the student's doctor, stating the doctor's decision must accompany this form.

I declare that the information provided on this form is complete and correct.

Parent/guardian:

Phone contact(s): OR

Signature: Date:

Asthma First Aid Plan

SIT the student down and reassure

ASSESS severity of attack

CHECK personal Asthma Action Plan (if any)

- Severe breathing problems and or
- appearance of blue lips and or
- If concerned

4 separate puffs of blue reliever via spacer

4 minutes Relief

4 separate puffs of blue reliever via a spacer

4 minutes Relief

Call an ambulance
State is an asthma attack
Repeat 4 separate puffs every 4 minutes while waiting

stop treatment
observe
notify emergency contact
stay with student

From the Victorian Government Schools' Reference Guide Section 4.5.7.8
Oasis Camp Expectations

- Listen and follow ALL instructions from teachers, parents and Oasis staff.
- Follow ALL school rules.
- Be kind and thoughtful to others.
- Look after your own belongings and respect and care for the Oasis camp property.
- Work quickly and quietly when on duty in the restaurant.
- Join in and have fun on all activities.
- Lights out is quiet time! You will need your sleep.
- Most importantly.........have a great time!!

Agreement.

When I am on school camp I agree to follow all the camp rules.  
I will be courteous and kind to everyone and I will listen carefully and obey all instructions given. 
If I do not honour this agreement I will accept the consequences.

Student Signature: _______________________________

Parent Signature: _______________________________

Date _______________________________