



Erskine Park High School

Pride In Achievement

78-82 Swallow Drive, Erskine Park NSW 2759
Website: www.erskinepk-h.schools.nsw.gov.au

Phone: 9834 3536 Fax: 9834 3864
Email: erskinepk-h.admin@det.nsw.edu.au

Year 7 Camp

Dear Parent/Guardians,

Year 7 camp is an integral part of the transition of students into Erskine Park High School. The camp is aimed at providing the students with an opportunity to develop a rapport with both their year group as well as many of their teachers.

The 'Outdoor Education Experience' at Nepean Adventure Centre runs a fantastic program designed to build a sense of team through fun and exciting challenges, as well as deal with the challenges of starting high school and how to deal with those challenges in a productive, successful and positive manner. The camp has been a popular experience amongst many students and the platform for friendships that extend beyond high school.

The details of the Year 7 Camp are as follows:

When: Week 11, Wednesday 10th April – Friday 12th April

Where: Nepean Adventure Centre at Douglas Park

Time: Erskine Park High School at 8.45am. **Students to be at EPHS by 8.00am And will return to:** Erskine Park High School from 3pm traffic depending where parents are to collect students promptly.

Travel by: Charter Bus

Unsupervised activities on this excursion: NIL

Items needed by students: See attached student gear check list (to be kept for reference)

Students are to wear: Full sports uniform to and from the camp

Food: Food and drink provided

Cost: \$275.00 per student. The cost of the camp covers all meals, accommodation and transport.

Additional information: No phones or Energy drinks permitted on camp. Please do not bring any valuable items.

Consent form and the health survey need to be returned to the front office by **23rd February**.

ALL payments NEED TO BE FINALISED with the office by **Friday 13th March**

Teachers attending excursion: Mr Mendoza, Mrs Misdrom, Ms Crowshaw and other staff to be determined

Those students from the class not attending the camp will: Attend school as per normal.

If unable to afford this excursion, Student Assistance, where available, can be accessed via the School Principal.

Thank you for your anticipated support of this school program.

If you have any questions relating to the camp please contact either Darwin Mendoza Yr 7 Year Adviser or Tegan Misdrom HT Wellbeing.

Regards

Mr Mendoza
Year 7 Adviser

Mrs Misdrom
HT Wellbeing

Mrs Lewis
Principal



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Year 7 Consent Form

- I do/do not consent to participating in an excursion to
Yr 7 Camp, Nepean Adventure Centre at Douglas Park on 10th, 11th and 12th of April 2019
- I give/do not give permission for my child to receive medical treatment in case of an emergency.
- Special Needs (eg allergies, medication). Yes No

This is important as the organising teacher may not be aware of any special need information that you have provided at enrolment, or they may have been changed since that time.

Water or swimming activities - response

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

strong swimmer average swimmer poor swimmer non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water:.....

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.

Overnight excursions - response

I understand that my son / daughter will stay overnight at
Outdoor Education Experience - Nepean Adventure Centre at Douglas Park

Emergency Details

Student Name:	P.C Class:
Medicare Number:	Year:

Parent or Caregiver contact details

Name:

Home Phone: Work: Mobile:

Emergency Contact (s) details (nominated by the parents or caregivers as an alternate contact)

Name: Phone:

Emergency Details

Signature of Parent or Guardian

Date



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Year 7 Camp Health Survey

Please complete the Medical and Activity Restriction Form and return to the school office.

Participant Details

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

Emergency Contact Details

Parent / Guardian / Contact Person: (Name in Full)
.....
Home:..... Mobile:..... Work:.....

Medical Information

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

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

- Does your son/daughter suffer any chronic illness, or disability? Yes / No
If yes, please specify:
.....
.....
- 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
- Has your son/daughter suffered from any acute illness during the past four months? Yes / No
If yes, please specify:
.....
.....
- Has your son/daughter had any major surgery (knee, back, heart, etc.)? Yes / No
If yes, please specify:
.....



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Year 7 Camp Health Survey

5. Has your son/daughter been treated by a doctor during the last four weeks? Yes / No
If yes, please attach a doctor's report with instruction about medical treatment and a certificate stating that the participant is fit to attend.
6. Does your son/daughter have any allergies? (insects, food, medication, etc.) Yes / No
If yes, please specify:
.....
.....
7. Does your son/daughter have any special dietary requirements? Yes / No
If yes, please specify:
.....
.....
8. Does your son/daughter:
wet the bed? Yes / No
sleep walk? Yes / No
9. Has your son/daughter had the Diphtheria Tetanus Toxoid booster injection? Yes / No
If yes, what date was the last booster given? / /
10. 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 (list attached at the back):

.....
.....
.....
.....

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.

Circle, 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/daughters full name)

Signature of Parent/Guardian

Date: / /



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Year 7 Camp Checklist

Dear Parents/Caregivers

Year 7 Camp is underway from **Wednesday 10th April – Friday 12th April**

Below is checklist of items and student requirements for the camp.

- **School Sport Uniform.** Students are to wear their full sport uniform to school on the Wednesday. When they arrive at the camp they will change out of their sport uniform into comfortable, appropriate clothing for camp. They will need to wear their sport uniform on the bus home from camp also.
- **Student medication.** This needs to be placed in a lock sealed bag with a clear outline of when the medication needs to be taken. Please have your child's name clearly marked on the front. If your child is asthmatic or anaphylactic -please ensure they have their puffer/epi pen with them on camp. Students may wish to bring insect repellent
- **Mess Kit.** Students need to bring 1 plate, bowl, cup, tea towel, fork, spoon and knife. (knives are **not** to have a serrated edge ie steak type knife.)
- **Appropriate clothing.** Many activities involve heights physical and team building. Please ensure your child has sensible comfortable casual clothing. No singlets, skirts, thongs. Please remember to include an old pair of shoes that can get wet. Hat and sunscreen. One set of very old clothes and shoes that can get muddy and wet.
- **Bedding.** Students are to bring a pillow, sleeping bag. Sheets and a blanket are ok if unable to bring a sleeping bag.
- **Torch.** This is for some night activities. Please check batteries.
- **Snacks.** If your child is bringing any snack food. Please keep this to a minimum. Students are not to bring any soft drink or energy drinks. Please pack a resealable water bottle. There is unlimited chilled filtered water available at all times.
- **Valuables.** Students should **not** bring any unnecessary valuables. I Pods, jewellery, mobile phones These can be easily lost, broken or taken. **Students found with phones will have them taken and returned at the conclusion of the camp** this is in line with regular school policy. Contact should only be made in the case of an emergency. Parents can make contact via the school during school hours.

Please remember that space is at premium. Please ensure 1 small bag/per child. Students can also have a small backpack that contains necessary items for the days events-water, hats etc



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Year 7 Camp Checklist

ITEMISED STUDENT GEAR CHECKLIST (3 DAY CENTRE PROGRAM)

- | | |
|--|--|
| <input type="checkbox"/> 3 T-shirts (no mid-riff or sleeveless shirts allowed) | <input type="checkbox"/> Torch (make sure it is working before you bring it on camp) |
| <input type="checkbox"/> 3 pairs of 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"/> Mess Kit - 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.

Year 7 Camp Activities

Dear Parents/Caregivers

Listed below are possible activities that could be covered during the camp for your information. If you have any further questions please do not hesitate to call me at school on 9834 3536.

Possible activities covered over the three days

- | | |
|--|---|
| <ul style="list-style-type: none">• Abseiling• Archery• Canoeing• Dual Flying Fox• Giant Swing• High Ropes Course• Icebreakers• Initiatives Exercises | <ul style="list-style-type: none">• Leap of Faith• Orienteering• Raft Building• Rock Climbing• Sports (Basketball, table tennis)• Night Activities (games night, Trivia Quiz, Videos, Spotlight) |
|--|---|

Regards

Darwin Mendoza
Year 7 Adviser