Dear Parents

RE: YEAR 7 CAMPS IN 2012

As part of the St Bede’s Outdoor Education Program, boys in Year 7 are to take part in a school camp each year. The Year 7 Camps are held during Term 1 to provide the opportunity for each boy to get to know his classmates and homeroom teacher in a social environment.

The Year 7 Camp is held at the College property, Cypress Lodge on Phillip Island. Each group will be accompanied by the Outdoor Education Staff - Mr Darren Strom and Mr Gavin Brown - and the homeroom teacher. The camps are conducted with the permission of the Principal, Mr Garry.

Please complete the Permission and Medical Form and return them to your son’s homeroom teacher. Please add any medical conditions or details that are not included on the form. Medication should be handed to your son’s homeroom teacher (in its original packaging) on the morning of departure.

Boys are expected to wear neat casual clothes and will need to bring the following:

- Pyjamas
- Pillow slip (pillow supplied or own pillow optional)
- Bottom Sheet
- Sleeping bag
- Hat
- Handkerchiefs
- Socks
- Underwear
- T-shirts
- Jeans
- Shorts
- Tracksuit
- Bathers
- Wetsuit (optional)
- Raincoat
- Towels x 2
- Toiletries
- Sunscreen
- Runners
- Thongs etc
- Old clothes suitable for all activities

LABELLING: Boys are advised to clearly mark all clothing and belongings.

POCKET MONEY: $10.00 - maximum.

BODY BOARDS: are provided but boys are welcome to bring their own. Please do not bring surfboards.

IPADS/MOBILE PHONES etc: are not permitted. Should the need arise, parents may contact the College office.

CAMERAS: These may be taken at the student’s own risk. Responsibility will not be taken for their loss or damage.

CAMP BOUNDARIES: Boys will be shown the boundaries of the camp upon arrival. No boy is to leave camp unless he has the permission of a teacher.

BEHAVIOUR: Boys are reminded that while they are on camp, they are representing the school and will be judged by the public according to their behaviour. Normal school rules will apply.

COST: The cost of the camp is included in the school fees which covers all expenses involved with the camp. If you have any difficulties with this arrangement, please do not hesitate to contact Mr Kitto.
Year 7 Camp

PROGRAM

Day 1:  
- Depart St Bede’s at 9am  
- Arrive at Cypress Lodge  
- Beach activities - swimming / bodyboarding  
- Visit The Nobbies  
- Penguin Parade at dusk

Day 2:  
- 3 hour fishing trip on Western Port Bay  
- Fauna park visit  
- Swimming / bodyboarding  
- Night walk at Rhyll boardwalk

Day 3:  
- Visit South Gippsland Conservation Centre  
- Snorkelling and lunch at Cape Patterson  
- Kilcunda sand dunes  
- Cowes township  
- Video night

Day 4:  
- Clean house and pack up  
- Swimming / bodyboarding & Mini golf  
- Depart Phillip Island after lunch  
- Return to St Bede’s by 1.30pm

Activity order may vary according to weather conditions. All meals are included.

<table>
<thead>
<tr>
<th>Camp</th>
<th>Week</th>
<th>Dates</th>
<th>Year</th>
<th>Organizer</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>February 7th – February 10th</td>
<td>7.6</td>
<td>Bernie Blackall</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>February 14th – February 17th</td>
<td>7.2</td>
<td>Mark Micallef</td>
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<tr>
<td>3</td>
<td>4</td>
<td>February 21st – February 24th</td>
<td>7.5</td>
<td>Shaun Harper</td>
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<td>4</td>
<td>5</td>
<td>February 27th – March 1st</td>
<td>7.8</td>
<td>Brett Reidy</td>
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<td>5</td>
<td>6</td>
<td>March 5th – March 8th</td>
<td>7.4</td>
<td>Sonja Howell</td>
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<td>6</td>
<td>7</td>
<td>March 13th – March 16th</td>
<td>7.3</td>
<td>Justin Eke</td>
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<tr>
<td>7</td>
<td>8</td>
<td>March 19th – March 22nd</td>
<td>7.1</td>
<td>Laura McCormack</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>March 27th – March 30th</td>
<td>7.7</td>
<td>Ben Wilson</td>
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The school buses transporting the students will leave from the Bus Bay (Cnr Naples Rd-Palermo St) at 9am on the first day (ATTEND ASSEMBLY 8:40am) and return at 1.30pm on the last day of camp. Students may be picked up from the bus bays at the Palermo Street/Naples Rd entrance.

Yours sincerely

Steve Kitto
YEAR 7 CO-ORDINATOR

ATTACHED: Permission and Medical Form
PERMISSION FOR CAMP

Year 7 Camp

Cypress Lodge at Philip Island

<table>
<thead>
<tr>
<th>Camp 1</th>
<th>Week 2</th>
<th>February 7th – February 10th</th>
<th>Year 7.6</th>
<th>Bernie Blackall</th>
</tr>
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<tr>
<td>Camp 2</td>
<td>Week 3</td>
<td>February 14th – February 17th</td>
<td>Year 7.2</td>
<td>Mark Micallef</td>
</tr>
<tr>
<td>Camp 3</td>
<td>Week 4</td>
<td>February 21st – February 24th</td>
<td>Year 7.5</td>
<td>Shaun Harper</td>
</tr>
<tr>
<td>Camp 4</td>
<td>Week 5</td>
<td>February 27th – March 1st</td>
<td>Year 7.8</td>
<td>Brett Reidy</td>
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<tr>
<td>Camp 5</td>
<td>Week 6</td>
<td>March 5th – March 8th</td>
<td>Year 7.4</td>
<td>Sonja Howell</td>
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<td>Camp 6</td>
<td>Week 7</td>
<td>March 13th – March 16th</td>
<td>Year 7.3</td>
<td>Justin Eke</td>
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<td>Week 9</td>
<td>March 27th – March 30th</td>
<td>Year 7.7</td>
<td>Ben Wilson</td>
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</table>

I give permission for my son ____________________________ of Year 7 • _________ to participate in the Year 7 Camp at Phillip Island on Camp No ______ from __________ until __________ travelling by College bus to and from Phillip Island and to all associated camp activities.

Should my son become ill or suffer an accident during the course of this camp and the teacher in charge is unable to contact me, I authorise the teacher to consent to my son receiving such medical or surgical treatment, as a doctor may deem necessary.

I will meet the expense attached to any such medical assistance.

I understand that in the event of accident or illness, I will be notified as soon as possible.

Parent Telephone Contact: Home:____________________ Work:____________________

Mobile 1:____________________ Mobile 2:____________________

Contact person if Parent/Guardian is unavailable:

Name: ____________________________

Phone: ____________________________ Mobile: ____________________________

Parent’s Signature: ____________________________ Date: ____________________________
ST BEDE’S COLLEGE  
2 MENTONE PARADE, MENTONE, VICTORIA 3194  
Phone: 9582 5999  Fax: 9582 5757  
www.stbedes.catholic.edu.au  
ABN: 59 127 195 135

Medical Authority  
FOR CAMPS/EXCURSIONS

NOTE: Please complete the box below

<table>
<thead>
<tr>
<th>CAMP NUMBER:</th>
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<table>
<thead>
<tr>
<th>DATE OF CAMP:</th>
<th>Date of Departure:</th>
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<table>
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<th>Date of Return:</th>
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<tr>
<th>TEACHER IN CHARGE:</th>
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</table>

I give permission for my son ................................................................. of .......................................................... to attend the camp listed above.

FULL NAME

Should my son become ill or suffer an accident during the course of the Camp and the teacher in charge is unable to contact me, I authorise the teacher to consent to my son receiving such medical or surgical treatment as a doctor may deem necessary. I will meet the expense attached to any such medical assistance.

I understand that in the event of accident or illness I will be notified as soon as possible. I have also received the accompanying information letter and read its contents.

Signature: .......................................................... (Parent / Guardian)

Date: ..........................................................

Daytime Phone No: ..........................................................

CONTACT PERSON IF PARENT/GUARDIAN IS UNAVAILABLE:

Name: ..........................................................

Phone No: ..........................................................
Medical Authority (Cont’d.)

CONFIDENTIAL

MEDICAL REPORT
FOR SCHOOL CAMPS/EXCURSIONS

This report is compiled to assist us in the case of any eventuality with your son. All information is held in confidence. Please complete the form as accurately as possible.

1. Is you son presently taking tablets and/or medication? YES ☐ / NO ☐
   If yes, please state name of medication, dosage, etc.

2. All medicines must be handed to the teacher in charge prior to leaving for camp. NOTE: Medicines must be in their original packaging. If you put the medicines in a separate container, you must include the packaging. Bearing your son’s name, the dose to be taken and when it should be taken. (Medicine will be kept in the First Aid Centre and distributed as required.) Please do not allow your son to be in possession of any medicine while on the school camp.

3. SON’S NAME: _________________________ YEAR: ______
   PARENT’S ADDRESS: __________________________________________________________
   TELEPHONE: Daytime_________________________ Home__________________________
   MEDICAL / HOSPITAL INSURANCE FUND: Name of Fund: _______________________
   Membership No: __________________________

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

- Bed Wetting ☐
- Fits of any type ☐
- Heart Condition ☐
- Blackouts ☐
- Sleepwalking ☐
- Asthma ☐
- Dizzy spells ☐
- Migraine ☐
- Travel sickness ☐
- Diabetes ☐
- Anaphylaxis ☐
- Coeliac Disease ☐
- Other: _________________________________

Allergies to: Bee stings, etc.

- Penicillin ☐
- Any foods ☐
- Drugs ☐
- Other: _________________________________

What special care is recommended: _________________________________

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

Medicare Card No: ________ ☐  ________ ☐  ________ ☐  ________

Ambulance Subscriber: Yes ☐  No ☐

Signed: ____________________________ Date: ____________