Dear Parents/Guardians,

RE: YEAR 7 CAMPS IN 2017

As part of the St Bede’s College Outdoor Education Program, students in Year 7 are to take part in our College camp each year. The Year 7 Camps are held during Term 1 to provide the opportunity for each student 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 and the homeroom teacher.

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.

Students 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: Students are advised to clearly mark all clothing and belongings.

POCKET MONEY: $10.00 - maximum.

BODY BOARDS: are provided but students are welcome to bring their own. Please do NOT bring surfboards.

IPODS/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: Students will be shown the boundaries of the camp upon arrival. No student is to leave camp unless he has the permission of a teacher.

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

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

PROGRAM

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

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 College 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>
</tr>
</thead>
<tbody>
<tr>
<td>Camp 1</td>
<td>Week 2</td>
<td>Tuesday 7 February – Friday 10 February</td>
<td>Year 7.2</td>
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<tr>
<td>Camp 2</td>
<td>Week 3</td>
<td>Tuesday 14 February – Friday 17 February</td>
<td>Year 7.1</td>
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<tr>
<td>Camp 3</td>
<td>Week 4</td>
<td>Tuesday 21 February – Friday 24 February</td>
<td>Year 7.5</td>
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<td>Camp 4</td>
<td>Week 5</td>
<td>27 February – 2 March</td>
<td>Year 7.3</td>
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<tr>
<td>Camp 5</td>
<td>Week 6</td>
<td>Tuesday 7 March – Friday 10 March</td>
<td>Year 7.6</td>
</tr>
<tr>
<td>Camp 6</td>
<td>Week 7</td>
<td>Tuesday 14 March – Friday 17 March</td>
<td>Year 7.4</td>
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<tr>
<td>Camp 7</td>
<td>Week 8</td>
<td>20 March – 23 March</td>
<td>Year 7.7</td>
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<tr>
<td>Camp 8</td>
<td>Week 9</td>
<td>Tuesday 28 March – Friday 31 March</td>
<td>Year 7.8</td>
</tr>
<tr>
<td>Camp 9</td>
<td>Week 1 (Term 2)</td>
<td>Tuesday 18 April – Friday 21 April</td>
<td>Year 7.9</td>
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The College 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

James Honan
YEAR 7 CO-ORDINATOR

ATTACHED: Permission and Medical Form
PERMISSION FOR CAMP

Year 7 Camp

2017

Cypress Lodge at Phillip Island

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<td>2</td>
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<td>4</td>
<td>5</td>
<td>27 February – 2 March</td>
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<td>5</td>
<td>6</td>
<td>Tuesday 7 March – Friday 10 March</td>
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<td>Tuesday 14 March – Friday 17 March</td>
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<td>20 March – 23 March</td>
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<td>8</td>
<td>9</td>
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<td>9</td>
<td>1</td>
<td>(Term 2) Tuesday 18 April – Friday 21 April</td>
<td>7.9</td>
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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:_________________________
# Medical Authority

**FOR CAMPS/EXCURSIONS**

*NOTE: Please complete the box below*

<table>
<thead>
<tr>
<th>CAMP NUMBER:</th>
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<table>
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<tr>
<th>DATE OF CAMP:</th>
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<tbody>
<tr>
<td>Date of Departure:</td>
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<td>Date of Return:</td>
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</tbody>
</table>

I give permission for my son ........................................................................................................................................................................................................... of ........................................

FULL NAME

to attend the camp listed above.

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: ..............................................................
CONFIDENTIAL
MEDICAL REPORT
FOR COLLEGE 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 your 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: ___________