10th December 2014

Dear Parents,

RE: YEAR 7 CAMPS IN 2015

As part of the St Bede’s Outdoor Education Program, boys in Year 7 are to take part in a College 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 and the homeroom teacher. The camps are conducted with the permission of the Principal, Br 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.

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: 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. Honan.
Year 7 Camp
PROGRAM

**Day 1:**
- Depart St Bede’s 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 by 1.30pm

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

<table>
<thead>
<tr>
<th>Camp 1</th>
<th>Week 2</th>
<th>February 3rd – February 6th</th>
<th>Year 7.3</th>
<th>Ms. Gleeson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp 2</td>
<td>Week 3</td>
<td>February 10th – February 13th</td>
<td>Year 7.9</td>
<td>Mr. Egan</td>
</tr>
<tr>
<td>Camp 3</td>
<td>Week 4</td>
<td>February 16th – February 19th</td>
<td>Year 7.8</td>
<td>Mr. Reidy</td>
</tr>
<tr>
<td>Camp 4</td>
<td>Week 5</td>
<td>February 23rd – February 26th</td>
<td>Year 7.1</td>
<td>Ms. McCormick</td>
</tr>
<tr>
<td>Camp 5</td>
<td>Week 6</td>
<td>March 2nd – March 5th</td>
<td>Year 7.6</td>
<td>Mr. Blackall</td>
</tr>
<tr>
<td>Camp 6</td>
<td>Week 7</td>
<td>March 10th – March 13th</td>
<td>Year 7.4</td>
<td>Mr. Rejman</td>
</tr>
<tr>
<td>Camp 7</td>
<td>Week 8</td>
<td>March 17th – March 20th</td>
<td>Year 7.7</td>
<td>Mr. Wilson</td>
</tr>
<tr>
<td>Camp 8</td>
<td>Week 9</td>
<td>March 23rd – March 26th</td>
<td>Year 7.5</td>
<td>Mr. Harper</td>
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<tr>
<td>Camp 9</td>
<td>Week 1 Term 2</td>
<td>April 14th – April 17th</td>
<td>Year 7.2</td>
<td>Mrs. Ditcham</td>
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</tbody>
</table>

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

James Honan
YEAR 7 CO-ORDINATOR

**ATTACHED:** Permission and Medical Form
PERMISSION FOR CAMP

Year 7 Camp

2015

Cypress Lodge at Philip Island

<table>
<thead>
<tr>
<th>Camp</th>
<th>Week</th>
<th>Dates</th>
<th>Year</th>
<th>Co-ordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>February 3rd – 6th</td>
<td>7.3</td>
<td>Ms. Gleeson</td>
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<tr>
<td>2</td>
<td>3</td>
<td>February 10th – 13th</td>
<td>7.9</td>
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</tr>
<tr>
<td>3</td>
<td>4</td>
<td>February 16th – 19th</td>
<td>7.8</td>
<td>Mr. Reidy</td>
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<tr>
<td>4</td>
<td>5</td>
<td>February 23rd – 26th</td>
<td>7.1</td>
<td>Ms. McCormick</td>
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<tr>
<td>5</td>
<td>6</td>
<td>March 2nd – 5th</td>
<td>7.6</td>
<td>Mr. Blackall</td>
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<td>March 17th – 20th</td>
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<td>Mr. Harper</td>
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<tr>
<td>9</td>
<td>1</td>
<td>April 14th – 17th</td>
<td>7.2</td>
<td>Mrs. Ditcham</td>
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<tr>
<td></td>
<td>Term</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: ____________________
# Medical Authority

## FOR CAMPS/EXCURSIONS

**NOTE:** Please complete the box below

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