

PLENTY PARKLANDS PRIMARY SCHOOL NO. 1915

48 Blossom Park Drive, Mill Park, 3082

Phone: (03)9404-4311 Fax: (03)9404-4702

Web address: <http://www.plentyparklands-ps.vic.edu.au>

E.MAIL address: plenty.parklands.ps@edumail.vic.gov.au

Principal: Claire McInerney

Assistant Principals: Julie Nixon and Alison Devereux

Date 9/9/19

Dear Parents/Guardians,

Please find below the details of the year 2 day camp. The camping program is an important part of our Outdoor Education program. There are 128 students in year 2 and we would like ALL students to attend.

VENUE: FERN GULLY LODGE, Healesville

Departing at: 8:30am SHARP! (Children must arrive at school by 8:15am)

Returning at: 5:00pm

WHAT IS PROVIDED: Morning tea, lunch, afternoon tea and drinks will be provided at the camp.

WHAT TO BRING: Students must wear full school uniform including their hat and appropriate footwear and bring a small backpack with sunscreen, a water bottle and a jacket/raincoat (depending on weather).

ON SITE ACTIVITIES: Low ropes, commando course, archery, zipline, traverse wall, possum glider, mini bushwalk etc.

DATES: Monday 28th October

COST: \$60

STAFF: One adult for every 10 students.

TRAVEL: Bus (with seatbelts) Name of bus company: Diamond Coaches

PARENT HELPERS:

When we have determined the number of children attending the camp, we will know exactly how many extra adults will be required to ensure the 1:10 ratio. At this stage we have 6 teachers who will be attending. Parents who are interested in helping on the day camp must have a valid Working With Children check and have completed the PPPS Parent Helper Training session. No cost will be involved, as you will be covered in the staff ratio. If you are interested in being considered as a parent helper, please see details on the following page.

STAFFING FOR CAMPING PROGRAM (extract taken from school policy)

- The Principal has final approval of staffing profile.
- One adult to ten students (legal requirement) at no charge to the adults.
- **All adults to have a Working With Children check.**
- Minimum of 50% of the adults to be qualified teachers to fulfil ratio.
- Minimum of one senior teacher (Leading Teacher, Assistant Principal, Principal) employed by the school, to be the camp coordinator.
- Aim for gender balance where possible.
- In line with other considerations, as School Council has to approve school camps and is legally responsible, priority will be given to one non DEECD school councillor who has not previously attended a camp.
- As part of pre-service training, priority given to one pre-service teacher to attend.
- Remaining free places given to parents –
 - priority to trained nurse, doctor or first aid personnel
 - priority to parents who are known to the school through their interaction with the school at parent/teacher/student interviews, school occasions and volunteer work. These occasions provide opportunities for parents to display the attributes we look for when seeking help with particular responsibilities such as a camp

- priority to parents who will take on a "de facto" staff role
- after all criteria have been looked at, the principal has final approval of the staffing profile
- If a parent has decided that their child (who has a serious medical problem) can only go on the camp so long as the parent attends, then the parent is deemed as being out of the adult ratio and would be required to pay their own way. The school will negotiate to get transport and accommodation at a reduced rate, where possible.

In order to finalise arrangements and calculate the precise cost of the camp, we need to know the exact number of students attending as soon as possible.

To confirm your child's place, please complete the details below and return it with payment by **3:30pm Friday 18th October, 2019.**

PLEASE NOTE – NO LATE PAYMENTS WILL BE ACCEPTED.

If you have any queries, please contact your child's teacher at the school on 9404 4311.

Meg Seidel, Phillip Van Dorp, Luke Poyser, Stephanie White, Jacqui Coggin.

✂----- Cut off and return the school by the due date -----

Parent permission

I give permission for my child _____ of home group _____ to attend the year 2 Day Camp to **Ferngully Lodge** and I enclose \$60 payment.

Name _____ Phone no: _____

Date _____ Signature _____

Amount enclosed: _____ Cash / Credit Card / QkR / CSEF (please circle)

Credit Card payment ✂-----

PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (to be used for amounts of \$10 and over)

Child's name:	Home group:	Payment for: ie. Camp	Amount

Please charge my: ☐ Bankcard ☐ Visa ☐ Mastercard Amount: \$ _____

Card Number _____

Expiry Date: ____ / ____ Name on Card: _____

Signature of Cardholder: _____ Phone No. _____ Date: _____

Parent assistance (please notify the staff member listed if you are able to assist on the day) **Please provide the following details by e-mail to Phillip Van Dorp: van.dorp.phillip.p@edumail.vic.gov.au**

Student's name and home group, Adult's name and daytime contact phone number

I am available to help with the year 2 Day Camp on Monday October 28, 2019. I understand that because of my duty of care for the students at PPPS, I cannot bring other children on the camp. I have completed the Volunteer Training Program and hold a valid WWC check. I understand my responsibilities to live by the PPPS values and abide by the excursion protocols. I also agree that I will not take phone calls from, or phone, text, or send photos to other Plenty Parklands families while on the excursion. I agree to wait until after the excursion before posting photos of my child on any form of social media. I understand that I do not have permission from the school or other families to post photos of other children.

If in the case that more parents volunteer than places available, the teaching staff in the unit will make the decision as to which parent/s is/are best suited to assist with the excursion.

Plenty Parklands Primary School

Medical form for Year 2 Day Camp

Confidential Medical Information for School Council approved School camps

(Please complete and return as soon as possible)

This information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

PLEASE FILL IN THIS MEDICAL FORM AND RETURN TO SCHOOL NO LATER THAN FRIDAY 8TH OCTOBER

Child's Name:

Date of Birth: School Year:

Parent's/Guardian's Full Name:

Address:

..... Postcode:

Emergency Telephone:

After Hours: Business Hours:

Name and Address of Family Doctor:

Medicare No:

Medical/Hospital Insurance Fund: Contribution No:

Please tick if your child suffers any of the following:

☐ Travel sickness

Allergies to:

Penicillin: Other drugs:

Any foods:

Other:

What special care is recommended?

Tetanus Immunisation -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])

Tablets and Medicines - Is your child presently taking tablets and/or medicine? YES/NO

IF YES, please state name of medication, dosage etc

All medication must be handed to the teacher in charge prior to leaving. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first-aid centre and distributed as required). If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

CONSENT TO MEDICAL ATTENTION

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 such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: Date:

The Department of Education requires this consent to be signed for all students attending school excursions.

If no consent is given, what should the school do?



Asthma
Foundation
Victoria

Student Name: _____

Photo

☐ Student needs to pre-medicate prior to exercise

☐ Student can administer own medication

First family/emergency contact name: _____

Work Ph: _____

Home Ph: _____

Mobile: _____

Second family/emergency contact name: _____

Work Ph: _____

Home Ph: _____

Mobile: _____

Doctors Name: _____

Phone: _____

The information provide on this plan is true and correct

Signed (parent or guardian): _____

Date: _____

Additional information: _____

School Camp and Excursion

Asthma Update Form

This form is to be completed by parents/carers of students with asthma prior to an excursion or camp. The form is to be attached to a copy of the student's Asthma Action Plan and brought with students to the camp or excursion.

STUDENTS MEDICAL DETAILS

Has the student been hospitalized due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? ☐ Yes ☐ No

Has the student's asthma medications changed in the last two weeks? ☐ Yes ☐ No

Has the student had any other illness in the last two weeks? ☐ Yes ☐ No

If YES, please provide details:

Nature of illness?

When?

Severity?

Has this affected their asthma? ☐ Yes ☐ No

Is the student well enough to attend camp/excursion? ☐ Yes ☐ No

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

Example

Medication	Device	Dose	When
<i>Fixotide</i>	<i>puffer and spacer</i>	<i>1 puff</i>	<i>Twice daily</i>

Instructions for use

1 puff in the morning and 1 puff at night. Breathe mouth out after using

Please provide as much detail as possible

1. Medication	Device	Dose	When
.....

Instructions for use

.....

2. Medication	Device	Dose	When
.....

Instructions for use

.....

3. Medication	Device	Dose	When
.....

Instructions for use

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