14 July 2016

TOOWOOMBA EAST STATE PRIMARY SCHOOL

YEAR 6 APEX YOUTH CAMP, MUDJIMBA

29 August – 1 September 2016

Dear Parents/Carers,

As you have been previously advised, an educational camp has been organised for Year 6 children from Monday 29 August to Thursday 1 September 2016 at Apex Youth Camp, Mudjimba.

Your child has indicated that they are interested in the Year 6 Camp during the week 29 August to 1 September 2016.

Buses will depart the school by 7:30am on Monday 29 August and return by 4:00pm on Thursday 1 September. The school will be contacted on the return journey with a more accurate time. If you wish to check, contact the school on 4637 5220 or 46375230 or Q School App.

Children are to supply morning tea for Monday in a named paper bag.

The total cost of the camp is $297.00.

Payment is required no later than Friday 12 August 2016.

No late payments can be accepted. It is vital that payments are complete by this date.

Fees may be paid by BPOINT, cheque or credit card and placed in the cash collection slot in the admin office. Please make cheques payable to Toowoomba East State School. Eftpos payments can be made at the admin office between 8:30am and 3:30pm, or pay by BPOINT (see reference on bottom left hand side of invoice) which is the Department's preferred method of payment.

A list of camp requirements is on the reverse side of this letter.

Please return the Medical Form by Monday 25 July 2016.

Yours faithfully

Mark Ryle
Deputy Principal
# TOOWOOMBA EAST – YEAR 6 CAMP

## What to Bring

### Bedding
- Pillow
- Sheets (to go on bed even if using sleeping bag)
  (if supplying a fitted sheet, please note that mattresses are King Single size)
- Blankets or sleeping bag

### Clothes
- Sports clothes for outdoor activity (no sleeveless – collar, presentable shorts)
- Warm clothes for evening (tracksuit, sweat top, jeans)
- Just enough changes of underwear
- Pyjamas (warm)
- Togs
- **2 Towels – 1 Bath towel** (not white)
  **and 1 Beach towel**
- Sun Protection Shirt
- Toilet gear – soap, washer, comb/brush, toothbrush/toothpaste, deodorant (non-aerosol), hair ties, shampoo, conditioner
- Joggers
- Raincoat
- Suitable hat (more than 1 hat)
- Handkerchiefs or tissues
- Thongs for showering if desired
- Long sleeved T-Shirt and long shorts or trousers need to be worn for some activities
- Pair of old shoes (that can get wet & discarded)

### Other
- **Insect repellent (not aerosol)**
- Sunscreen
- Writing equipment (pencil/folder/paper)
- Table game (optional - not expensive and able to be played by more than one)
- Water bottle (sealable sports bottle)
- Plastic shopping bags (for dirty clothes & wet shoes)
- Several clothes pegs
- Sunglasses (optional)
- Small knapsack
- Optional-Curash cream or similar (for chaffing)

### Please mark all personal belongings

### Children are not to bring
- Lollies
- Radios
- Torches
- Glass bottles
- Expensive valuables
- Electronic games / ipods
- Mobile phones

Children are to supply Morning Tea for Monday in a named paper bag.
Toowoomba East State School - Parent Consent Form
Year 6 Camp – Apex Youth Camp, Mudjimba 29 August – 1 September 2016

As parent/guardian of ____________________________, in class __________, I, ____________________________, give my consent for him/her to participate in the Year 6 Camp to Apex Youth Camp, Mudjimba from Monday 29 August to Thursday 1 September 2016 and agree to delegate my authority to the teachers involved. Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually, in the above mentioned activity.

I also authorise the teachers to obtain medical assistance they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Signed: ____________________________ (Parent/Carer)  Date: ........../........../...........

Emergency Contacts

(1) Name: ____________________________  Telephone Number: ____________________________
   Relationship: ____________________________  Mobile Number: ____________________________

(2) Name: ____________________________  Telephone Number: ____________________________
   Relationship: ____________________________  Mobile Number: ____________________________

My son/daughter has been immunised against: (please show year immunised if known) ____________________________

Date of last anti-tetanus injection: ........../........../.........

My son/daughter suffers from Allergies / Asthma / Diabetes / Epilepsy / Other Medical conditions:
Please circle and give details and medication eg. Allergies - green ant bites - hives&rash –Phenergan - will provide medication for camp

Allergies: __________________________________________________________

Asthma: __________________________________________________________

Diabetes: __________________________________________________________

Epilepsy: __________________________________________________________

Other Medical conditions: __________________________________________

__________________________
My son/daughter is currently taking medication: YES / NO  
If yes please give details: (condition & medication)

Is your son/daughter suffering from any injury or condition which is likely to be aggravated by the camp activities: YES / NO  
If yes please give details

I hereby give permission for my son / daughter, __________________________ to be given Paracetamol (which I have provided to the Yr 6 Camp Co-ordinator) at the recommended child / adult rate for the period of the Year 6 Camp, Mudjimba from 29/08/16 to 01/09/16.

Signed: __________________________ (Parent/Carer)  
Date: ........../........../........

Child's Doctor: ............................................................ Phone number: ............................................................

**Dietary Requirements**

Any Special Dietary requirements (eg. gluten free, vegetarian, etc.): YES / NO

**Medical Insurance Details**

(a) Medicare Number: ....................... Number on Medicare Card: ........... Expiry Date: ..................

(b) Private Health Cover: ................................. Membership Number: .........................................

(c) Personal Accident Insurance Cover - Against accident/injury for competitions & associated activities (eg. training, travel, etc): Please give details

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For office use only

**Student Medications** – provided by parent/carer to Yr 6 Camp Co-ordinator for the period 29/08/16 to 01/09/16

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage and details of administration (when and how medication is given)</th>
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Year 6 Apex Youth Camp, Mudimba

By signing this form (below) I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, _______________________________ in class ________, to participate in the Year 6 Apex Youth Camp, Mudimba as listed.
- I will pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.
- I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child’s medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer Name: ___________________________ Parent/Carer Signature: ___________________________

Date: _____ / _____ / _____

Privacy Notice

The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Please turn over ➔
Additional medical information
The school collected medical information about your child at enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

You may also wish to provide the following information*:
Name of child’s medical practitioner: __________________________ Telephone No.: __________________________
Medicare No: ____________________________________________
Private Health Insurance Company (if applicable): __________________________ Membership No.: __________________________
*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

☐ I would like this additional information about my child’s medical information to be recorded in OneSchool records.