

Greek Orthodox Archdiocese of Australia

ST. EUPHEMIA COLLEGE

202 Stacey Street, Bankstown 2200

Tel: 9796 8240 Fax: 9790 7354

Website: www.steuphemia.nsw.edu.au



Ιερα Αρχιεπισκοπή Αυστραλίας

ΚΟΛΛΕΓΙΟ ΑΓΙΑΣ ΕΥΦΗΜΙΑΣ

All correspondence

P.O. Box 747 Bankstown 1885

Email: office@steuphemia.nsw.edu.au

5 December 2017

ST EUPHEMIA COLLEGE YEAR 7/11 PEER SUPPORT CAMP 2018

Dear Parents/Caregivers

The Year 7 Peer Support Camp will take place from Monday 5 February to Wednesday 7 February 2018 at the **Great Aussie Bush Camp, Tea Gardens, NSW**. This camp forms part of the Pastoral Care program which will be conducted throughout the year. As such this is a compulsory school event which all students are expected to attend.

During their stay students will be participating in a program designed by our College staff, which combines recreational activities and peer support activities with Year 11 students and teachers. Activities will include, group discussions, Leap of Faith, Archery, High Ropes, Dual Flying Fox, Kayaking, Giant Swing, and Swimming/Beach Games.

The cost of the camp is \$350. This covers transport to and from the centre, all meals on site, activities, the hiring of the recreational centre and karaoke equipment. This must be paid by Wednesday 31 January 2018.

Current parents/caregivers can make payments by direct debit into the School's general account. The details are:

BSB Number: 062-111

Account Number: 00910153

Reference Number: As it appears on your School Fee Statement. (New parents/caregivers can use part of their surname.)

BPay payments can also be made.

Please send the School an email to confirm your transaction to: office@steuphemia.nsw.edu.au .

Furthermore, all attached forms must be completed and returned to the school by Wednesday, 31 January 2018.

Mr Hirakis
Principal

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**YEAR 7/11 PEER SUPPORT CAMP 2018
PERMISSION NOTE**

(Please return to School Bursar, with payment confirmed by Wednesday 31 January 2018)

I give permission for my child _____ of Year _____ to attend the Three Day Camp at the **Great Aussie Bush Camp**, Tea Gardens NSW, departing from St Euphemia College at 8.30am, Monday 5 February 2018 and returning at approximately 3.30pm, Wednesday 7 February 2018.

I have enclosed \$ 350 to cover the cost of the camp. Should any of my child's medical needs change from that indicated below, I will notify the school in writing prior to the camp.

Signed: _____ Date: _____
(Parent/Caregiver)

Gear Checklist – Children (Based on a 3 day camp)

PLEASE CLEARLY LABEL ALL CHILDREN'S BELONGINGS

ANY MEDICATION NEEDS TO BE GIVEN TO THE ORGANISING TEACHER

It is a good idea for students to pack their own bags so that they can re pack for the trip home.

- Mess kit (tea towel, plate, cup, bowl, knife, fork & spoon – dishwasher safe).
- Water bottle
- Raincoat (regardless of forecast)
- Hat or cap
- Sleeping bag extra blanket if required
- Pillow
- Sunscreen
- 1 pair pyjamas
- Day pack (small backpack for water, sunscreen, etc)
- Torch (make sure it works before you leave home)
- Toiletries (including toothbrush and toothpaste)
- Insect repellent
- 2 pairs of runners (1 old pair for water activities).
- Thongs – only for going to and from showers.
- 3 T-shirts needed, no singlet / tank tops/midriff tops (for safety on activities)
- 3 sets of underwear
- 3 pairs of shorts - NO MINI SHORTS (for safety on activities)
- 3 pairs of track pants
- 2 sloppy joes / windcheaters
- 3 pairs of socks
- Bath towel
- Beach Towel & swimmers
- Optional - camera, money for souvenirs
- Tissues / hankies
- Plastic bags for wet clothes/towels/laundry.

Medical and Consent Form – Child

Name of School: _____ School Year: _____

Student Details:

Surname: _____ Given Names: _____

Address: _____

Postcode: _____ Date of Birth: ____/____/____ Male Female

Parent/Caregiver Details:

Please Tick : Mother/Caregiver Father/Caregiver Other Contact

Full name of Parent/Caregiver: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medicare Number : _____ Expiry Date: ____/____/____

Student Name on Card: _____

Patient Number on card: _____

Ambulance Cover: Yes No

Private Health Fund Name: _____ Health Fund member number: _____

Is your child in good health? Yes No

Does your child require regular medication? Yes No

Does your child suffer from any Chronic Illness/Injury/Allergies? Yes No

If yes, please specify? _____

Parent/Caregiver Signature _____ Date: ____/____/____

Current Medication / Dietary Requirements

School: _____ Student Name: _____

Time and Dosage – Please specify exact time of medication

Medication Name	Breakfast		Lunch		Dinner		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Regulations require that all medication is provided in the original container/ packaging

Teachers will collect & administer all medication.

Has your child suffered from any Acute illness in the past four months? If yes, details.	Yes	No
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Has your child been treated by a doctor in the past four weeks? If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.	Yes	No
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Has your child had any major surgery? If yes, please specify.	Yes	No
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Is your child's immunisation up to date, including tetanus? If yes, what year was the last booster given?	Yes	No
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Does your child wet the bed?	Yes	No
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Does your child sleep walk?	Yes	No
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Do you give permission for Panadol to be administered if required?	Yes	No
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Does your Child have any Dietary Requirements? If YES please specify:	Yes	No
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Water or Swimming Activities:

In relation to any proposed water or swimming activities, my child: Name: _____

(Please tick one.)

STRONG SWIMMER

AVERAGE SWIMMER

POOR SWIMMER

NON-SWIMMER

Parent or Guardian Consent/Activity Restrictions

Name of School: _____ School Year: _____

All activities are instructed by highly trained team members, your child's teachers are also always present at activities and free time.

Activities are planned with the age and ability of the students involved in mind. Time constraints may prevent students being able to do every activity listed, however if there are any activities that your child is not permitted to participate in, for medical or personal reasons, please inform your child and give details:

I agree to my child/ren _____ participating in all the activities at The Great Aussie Bush Camp.

I understand that although The Great Aussie Bush Camp and its service providers attempt to minimise any risk of personal injury to my child, there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program.

In the event of an emergency, and I am unable to be contacted, I authorise my child receiving such medical treatment that is deemed necessary. I also undertake to cover any costs that may be incurred with any medical treatment received, ambulance transport and medication while my child is at The Great Aussie Bush Camp.

Full Name of Parent Caregiver: _____ Date: ____/____/____

Signature: _____

Media Consent

(Cross out whichever does not apply)

I agree / I do not agree to allow The Great Aussie Bush Camp to use any photographs, sound and film recordings taken of my child while they are at camp, for the promotion of this facility in the media and advertising programs.

Full Name of Parent Caregiver: _____ Date: ____/____/____

Signature: _____