

26/09/17

Tokoiti School Urban Camp Dunedin 2017 Newsletter 2

Thank you to Parents and Caregivers who have returned the slip from Newsletter 1. Most Navigators have been earning stickers for their Trekkers Values sticker chart.

We have great activities organised so the Trekkers will be very busy.
Here is an update on camp activities progress.

Monday

Leave school at 9:30am - Trekkers will need their a day bag (school bag) with their morning tea, lunch, drink of water - reusable bottle,
10:30am - Dunedin activity.

2:00pm Art Gallery lesson and visit.

Tuesday

9:00am - Leave Port Chalmers by boat to spend the day on Quarantine Island -
boat returns 4:00pm

Wednesday

9:00am at Larnach Castle - tour castle and grounds - lunch on lawn - indoors if wet.
Travel to Albatross Colony to arrive at 2:00pm.

Thursday

10:00am - Otago Museum - Gallery Trail
11:00am - Planetarium
Lunch
1:00pm Sports Hall of Fame
2:00pm - walk to Megazone ready for Lasertag briefing at 2:45pm

Friday

9:30am - Moana Pool
Lunch at Waihola
2:30pm back at school

Saturday

SLEEP.

Urban Camp Gear List 2017

Please ensure that all items are clearly labelled!

In your school bag:

- ☐ Morning Tea and Lunch in your lunch box.
- ☐ Water in a reusable bottle.
- ☐ Your pencil case with pens, pencil, writing book
- ☐ A book to read.

Bedding:

- ☐ Sleeping Bag (or sheets and blankets)
- ☐ Pillow case
- ☐ Warm blanket

Main Bag:

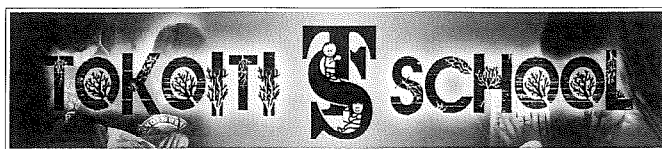
- ☐ Appropriate clothing for the duration of the camp for 5 days(t-shirts, jumpers, sweatshirts, trousers, skirts etc)
- ☐ Appropriate footwear 1-2 pairs of shoes
- ☐ Changes of underwear – enough for 5 days
- ☐ Changes of socks - enough for 5 days
- ☐ Warm sweatshirt, jersey
- ☐ Jacket/ Rain jacket
- ☐ Warm hat/beanie
- ☐ Sun hat and sunscreen
- ☐ Insect repellent
- ☐ Pyjamas
- ☐ 2 towels (one for swimming, one for showering)
- ☐ Toiletries – soap, shampoo/conditioner, toothbrush and toothpaste, comb/hairbrush, hair ties
- ☐ Day bag (can use school bag)
- ☐ Togs
- ☐ Plastic bags for dirty washing

Optional:

- ☐ Camera
- ☐ Torch
- ☐ Boardgame/Pack of cards
- ☐ Your Teddy Bear if it will be lonely at night without you!

Items to be left at home:

- × Money
- × Lollies/chewing gum
- × Cell phones
- × Handheld gaming consoles, iPods, mp3 players etc
- × Make up, jewellery etc
- × Valuable items



Health profile and medical consent

Name: _____ Medic Alert Number: _____ (if applicable)

1. Please tick if you have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	Other (Please specify)	_____		
ADHD	<input type="checkbox"/>				

For overnight events

Sleepwalking ☐ Bedwetting ☐

2. Are you/your child currently taking medication? Yes ☐ No ☐

If YES, please state: Health condition/s: _____

Name of medication/s: _____

Dosage and time/s to be taken: _____

Other Treatment: _____

3. Is a health plan required? Yes ☐ No ☐

Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?

Yes ☐ No ☐

If YES, please state the injury/illness:

4. Are you allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

What treatment is required? _____

5. When was your /your child's last tetanus injection? _____

6. Outline any dietary requirements:

7. What pain/flu medication may your child be given if necessary?

8. To the best of your knowledge. Have you/your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes ☐ No ☐

If YES, please give brief details

9. Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; pregnancy; behaviour or emotional problems).

Yes ☐ No ☐

If YES, please state or attach the information.

Tick

☐ I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

☐ I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

☐ I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

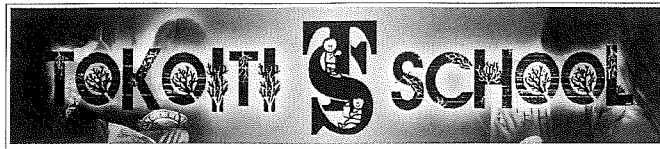
☐ Any medical costs not covered by ACC or a community service card will be paid by me.

☐ If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

To be read and signed by adult participant or parent/caregiver of child participant.

Signature: _____

Name: _____ Date: _____



Parental Consent, Emergency Contacts and Risk Disclosure

School/group: Year 4 - 6

Details of event:

Location: Dunedin City

Start date: 30 Oct 2017 Time: 9am

Finish date: 3 Nov 2017 Time: 3pm

PARTICIPANT INFORMATION FORM

Please complete these details:

Name Student ID _____

Address _____

Telephone _____ Mobile _____

Year or class level _____ Age _____

Form Teacher _____

Family Doctor Name _____ Telephone _____

Address _____

Community Services Card number _____

Medic Alert number (if applicable) _____

THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)

Contact 1: Emergency Contact

Name: _____ Relationship: Parent

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

Contact 2: Alternative contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

To be read and signed by adult assistant or parent/caregiver of child participant.

Parental Consent

I agree to my child/myself taking part in the EOTC event and have received sufficient information on which to base a decision. I agree to their/my participation in the activities described. I acknowledge the need for them/me to behave responsibly.

Acknowledgement of Risk

I have read the EOTC event information sheet and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards. I understand my child has been involved in the development of safety procedures. I will do my best to ensure that I/my child follow these procedures.

I know that I am able to ask any questions of the school about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice'* procedure. My child and I both understand that I/they may withdraw from an activity if I/they feel at risk. This must be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Name: _____

Signature: _____

Date: _____

* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.