Year 8 Camp

31st August 2012

Dear Parents

As part of the year 8 programme, we are offering an opportunity for students to attend a school camp. The camp is located at the YMCA Shakespear Lodge, at Whangaparaoa. The theme of the camp will be based on challenge, respecting individual limits, team work and leadership. The camp will be supervised by our teachers and activities will be taken by trained 'safety audited & certified' instructors.

The cost of the camp will be $195.00

This includes three days and two nights of accommodation at the YMCA Lodge, plus activities, meals and the return bus trip.

Activities include:

- kayaking
- mountain biking
- raft building
- archery
- orienteering
- mountain boarding
- tramping
- night games

The camp dates are:
- 8TJR (24th October - 26th October)
- 8NMV & 8JCH (29th October - 31st October)
- 8PGR & 8NCB (31st October - 2nd November)

Students will leave Rosmini College ~9:30am and will be back at school by ~2:45 pm two days later.

We will require a few parents to help supervise activity groups. Parent supervisors will be required to participate in the activities such as kayaking and mountain biking and to help with safety. Good news – this camp has hot showers, bunk rooms and a drying room. *Could you please e mail me if you are interested in attending as a parent helper, just*

with safety. Good news – this camp has hot showers, bunk rooms and a drying room. *Could you please e mail me if you are interested in attending as a parent helper, just mention your son's name and class. Please mention any outdoor experience you may have.*

The permission form, with the attached medical form, and emergency contacts, is to be handed in to the stationery office by the 19th September.

Payment options are:

Cash - in an envelope with boy's name on plus "Yr. 8 Camp" - handed in at the stationery office.
Cheque - made out to Rosmini College - boy's name on the back of the cheque plus "Yr. 8 Camp" - handed in at the stationery office.
Eftpos - facility available at the office for Eftpos or Credit card payments. Mrs. Gerrard will make the necessary note that it is for the Yr. 8 Camp. Credit card payments can be processed over the phone with Mrs. Gerrard.
Direct Credit - school's bank account number is 02-0272-0330978-00.
Essential references are boy's name **plus** "Yr. 8 Camp". *(This is importance otherwise the money is likely to be put towards their school fees, if no reference is used).*

Payment is due by the 17th October.

Another camp notice will be sent out with a camp equipment list of what to bring on the 24th September. If you have any questions feel free to e mail me:
phodgkinson@rosmini.school.nz

Regards

Paul Hodgkinson
Year 7 Dean

Regards

Mike Broome
Year 8 Dean

Permission Form / Emergency Contacts / Medical Form
Year Eight Camp

The purpose of these forms is for the safety of your son. Details will remain confidential to school staff and volunteers associated with supervising while on camp.
For obvious safety reasons, please provide us with information that is accurate and complete. Please return this form to the stationery office as soon as possible……..

Permission to Attend Camp

Name of student…… Class……..

Parent Permission…… Contact phone number……..
……..

Emergency Contact Details (Please provide at least 2 sets of contact details)

Name	
Relationship	
Address	
Day Phone	Evening Phone
Cell Phone	

Emergency Contact Details

Name	
Relationship	
Address	
Day Phone	Evening Phone
Cell Phone	

Acknowledgment of risk *(Student & parent to read and sign)*

I understand that there are risks associated with involvement in school EOTC 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 minimize those hazards. I will do my best to ensure that I follow these procedures.

I know that I am able to ask any questions of the school about the camp activities, to gain a better understanding of the risks involved. I recognize that participation in such activities is voluntary. I understand that I may withdraw from the activity if I feel at risk. This must be done in consultation with the person in charge.

If my own behaviour places others at risk, I understand that the teacher in charge has the right to send me home at the cost of my parents.

Student sign…… Date……

Parent sign…….. Date……

Medical Form

Medic Alert Number (If relevant)……

Birth date……..

Doctor's name……Doctor's number……..

1. **Please tick if you suffer from any of the following:**

Migraine ☐ Asthma ☐ Heart condition ☐

Epilepsy ☐ Sleepwalking ☐

Fits of any type ☐ Diabetes ☐

Other (please specify) ……

2. Are you currently taking medication? Yes ☐ No ☐

If YES, please state ailment

Name of medication

Dosage and time to be taken

Other treatment

3. Have you had any major injuries (breaks or strains), illness or disability in the last six months that may limit full participation in any activities?

If YES, please state the illness/injury and/or risk factors. List any special requirements.

4. Please tick if you are allergic to any of the following?

Prescription medication ☐ Other allergies ☐

Food ☐ Insect bites/stings ☐

Give details of the allergy

What treatment is required?

5. Please outline any dietary requirements.

6. Is there an information the staff should know to ensure your physical and emotional safety? (For example cultural practices; disability; anxiety about heights/darkness/small spaces/emotional or behavioural problems).

If yes, please state:

By signing this document I also agree to the following:

Any medical costs while occurring at camp will be covered by me:

Print Name

Signed