



## EAST ADELAIDE SCHOOL - CAMP CONSENT FORM 2018



### NARNU FARM CAMP - ROOMS: 25 AND 26

- DESTINATION:** Narnu Farm – Monument Road, Hindmarsh Island
- DEPART DATE/TIME:** Thursday 1 November 9:30am
- RETURN DATE/TIME:** Friday 2 November 2:30pm approximately
- COST:** \$145.00 is the total for the camp
- TEACHERS INVOLVED:** Brad Hoare, Mark Vigare as well as camp facilitators and parent volunteers.
- MODE OF TRANSPORT:** We will be travelling to and from Narnu Farm by bus

**ACTIVITIES:** The program focus is on ‘**Historical and Geographical Sustainability of Australian Farm Life**’. Activities will include: blacksmithing, butter making, ploughing demonstration, pony riding, chicken hatchery observation, animal feeding, cow milking and vintage truck farm tour. Through labour intensive and hands on experiences, the students will be able to compare and contrast the farming techniques of the past and present.

### **ADDITIONAL INFORMATION:**

In **case of emergency only** the phone number at Narnu Farm is 0438 060 585. For any other enquiries phone EAS on 8362 1622.

Please find attached **list of items needed** and an **Outdoor Education / Student Health Form**. *Please return this form to the class teacher.*

Students will need a **packed recess, lunch and drink** in a disposable container / paper bag for the first day.

If your child has any **special dietary requirements / allergies / health issues** please ensure that this information is included in the appropriate place on the Outdoor Education Form.

Please ensure that the classroom teacher is informed if your child requires medication whilst on camp as soon as possible so that the necessary paperwork can be completed.

**All medications including those purchased over the counter e.g. for hayfever etc, must be sent with a chemist label, Medication Authority and a Health Care Plan signed by a medical practitioner.**

Please see Front Office Staff, as soon as possible if you require additional forms for any medication that your child will be required to take on camp, particularly for medication usually taken at home eg Asthma preventer. The necessary medication must be in the original container, clearly marked with a chemist label detailing the child's name, dose required and with the appropriate health care plan and medication authority attached. The plan, medication authority and medication must be handed to the teacher.

**If the school holds medication and a current health care plan, this will be taken on camp.** Students who self-manage their asthma must take their inhalers on the camp.

The attached consent form must be returned to the Uniform Shop with payment by Friday 14 September. The Cashier/Uniform Shop is open Tuesday and Friday 8.30am – 9.15am and Tuesday 3:00pm – 3:45pm.

Students must have written permission for camp; verbal permission cannot be accepted. Please see a member of leadership if there are any issues in regards to payment.

Please pay the tax invoice via the Qkr! app, online via the website, or by returning the remittance with payment to the Cashier / Uniform Shop by **Friday 14 September 2018**.

## NARNU FARM CAMP PACKING LIST



### FORMS

- Consent Form
- Outdoor / Student Health Form

### FOOD

- Packed recess, lunch & drink for day 1 ( packed separately from general luggage, e.g. disposable bag )
- Extra snacks if desired ( no nuts please )
- Drink bottle ( to be refilled )



### BEDDING

- Sleeping bag
- Pillow
- Extra blanket if required

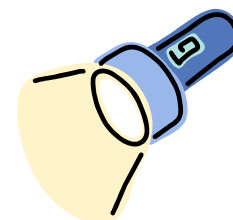
### CLOTHING

- Weather appropriate clothing ( enough for 2 days )
- Long pants for horse riding
- 2 pairs of sensible covered shoes ( no ugg boots or sandals – these may be worn after activities, e.g. evening time )
- Pyjamas / tracksuit
- Sunsafe hat
- Sunscreen
- Underwear ( spare underwear )
- Jacket



### GENERAL

- Bath towel
- Tea towel
- Personal toiletries
- Toothbrush & toothpaste
- Torch
- Insect repellent
- Medication if required
- Games for cabin time ( non-electronic )



**PLEASE LABEL AS MUCH PROPERTY AS POSSIBLE.**

**PLEASE DO NOT BRING EXPENSIVE / PRECIOUS ITEMS, e.g. IPODS**

**PLEASE DO NOT BRING CAMERAS (Many photographs will be taken and shared after camp)**



**EAST ADELAIDE SCHOOL  
STUDENT HEALTH INFORMATION  
OUTDOOR EDUCATION**

Any health information given will not prevent your child from taking part in outdoor education activities unless further medical advice warrants exclusion. All information provided will be treated confidentially, and will be used to protect and assist your child so that participation will be a safe and enjoyable experience. Please attach additional information if necessary and feel free to discuss any issue in more detail with the class teacher.

**NAME OF CHILD** \_\_\_\_\_

**ROOM** \_\_\_\_\_

**Parent or Guardian**

<b>Address</b>	Home Tel. No.	Work Tel. No	Alternative No
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**Family Doctor or Medical Clinic**

<b>Address</b>	Home Tel. No.	Work Tel. No	Alternative No
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**Medical Specialist (if relevant)**

<b>Address</b>	Home Tel. No.	Work Tel. No	Alternative No
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**Private Medical Benefit:** If the child is a member of a please provide details:

FUND NAME: \_\_\_\_\_

BENEFIT TABLE \_\_\_\_\_ MEMBERSHIP NO. \_\_\_\_\_

Medicare No: \_\_\_\_\_ Expiry date \_\_\_\_\_

**If we are unable to contact Parent or Guardian**

<b>Relationship</b>	Home Tel. No.	Work Tel. No	Alternative No
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**MEDICAL CONDITIONS:**

Does the student have any condition or health problems (asthma, allergies including food allergy, convulsive seizures, bedwetting)?

*DETAILS*

**YES / NO**

Are you aware of any medical emergency, which could occur?

*DETAILS*

**YES / NO**

Has your child been close to anyone with any "communicable disease" i.e measles, mumps, etc within the past 21 days? \*(Please notify us if this occurs after you have returned this form)

*DETAILS*

**YES / NO**

Has your child had a tetanus immunisation?

*WHEN*

**YES / NO**

Is your child allergic to penicillin or any other drug/medicine?

YES / NO

DETAILS

Does your child take any regular prescribed medicine (including inhalers)?

YES / NO

DETAILS

Does your child have any special dietary requirements (allergies or restrictions)?

YES / NO

DETAILS

**NOTE:**

*Please ensure that the classroom teacher is informed if your child requires medication whilst on camp. The necessary medication must be in the original container, clearly marked with a chemist label detailing with the child's name, dose required and with the appropriate health care plan and medication authority attached. The plan, medication authority and medication must be handed to the teacher.*

**If the school holds medication and a current health care plan, this will be taken on camp.**

**BUNK BED**

Do you give permission for your child to sleep in the top section of a bunk bed?

YES / NO

**OUTDOOR EDUCATION - CONSENT FORM**

**As a parent/guardian of** \_\_\_\_\_

I \_\_\_\_\_ give my consent for him/her to  
(Block Capitals)

participate in The Narnu Farm Camp on 1 and 2 November 2018.

**\*DETAILS OF THE ACTIVITIES PLANNED, TRANSPORT ARRANGEMENTS AND SUPERVISING STAFF ARE PROVIDED ON THE ATTACHED SHEET.**

I agree to delegate my authority to the supervising staff and instructors. Such leaders and instructors may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group and individually in the above mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident or illness occur and agree to pay all medical and dental expenses incurred on behalf of the above student.

I have provided all necessary information about the above student and include details of limitations, which he/she has for the activity concerned. I further legally authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I give my consent for the above student's local doctor or medical specialist to be contacted in an emergency.

The information given is accurate to the best of my knowledge.

**DATE** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

(Parent / Guardian)