

Hawkesbury Leadership Camp 2019– Parent/Guardian Information

The leadership camp has the approval of the Hawkesbury Primary Principals Council.

Dear Parent/Carer,

Your child has been selected to attend the Hawkesbury Leadership Camp which will be held at Lutanda Yarramundi, , Springwood Road, Yarramundi from **Thursday 14th February (10.00am) till Friday 15th February (2.00pm) 2019.**

The aim of the camp is to develop leadership skills and teamwork in our elected young leaders. Children participating in the camp will be involved in the following leadership development activities:

- team building skills which will include public speaking, leadership styles and problem solving. These activities will be run by accompanying DoE staff.
- Other activities (see list at bottom of note) will be run by qualified staff from Lutanda and will be supervised by DoE staff.

DoE staff attending the camp have volunteered to participate in these activities, as they see it as important that we develop the leadership skills in our students.

**The cost of the camp is \$95.
Please make payment to your child's school.**

Travel will be by private vehicle (arranged by parent/carer).

Children, while at the camp, will not have access to a phone. Supervising teachers will make any required calls to parents.

Please complete and return the permission note and medical information form to your child's Principal before Wednesday 12th December 2018.

A child whose behaviour is inappropriate or not up to expectations will be sent home.

The Lutanda campsite is approximately 4 ½ km past the YMCA campsite and on the left hand side of the road. There is a turning lane and a large wooden climbing tower near the gate. The sign post actually says "Yarramundi River Park".

On arrival at 'Camp Lutanda' children will need to be signed in. When leaving the site on Friday afternoon, parents will need to sign their child out. If another parent is dropping off or picking up your child please let us know by a note.

Looking forward to a great camp,
Kind regards,

Cheryl Walker
Principal
Freemans Reach Public School
Leadership Camp Organiser
cheryl.a.walker@det.nsw.edu.au

Children's requirements for Leadership Camp

WHAT TO BRING TO CAMP

Linen: children are required to provide their own linen and doona, or sheet and sleeping bag. Everyone must bring a pillow slip.

- Appropriate clothing (skirts are not suitable for participating in activities, midriff tops and strappy tops are not appropriate. Long pants are required for some activities).
- Shoes (closed in shoes must be worn when participating in activities)
- Underwear and Socks
- Toiletries (toothbrush/toothpaste, soap, shampoo etc)
- Towel – bath
- Pyjamas
- Personal medication (to be handed to camp supervisor on arrival)
- **Sunscreen** (outdoor activities) - **Essential**
- Insect Repellant (not aerosol)
- **Hat** (outdoor activities) - **Essential**
- **Water bottle** - **Essential**
- Torch
- Raincoat
- Couple of pens and a notebook
- Clothing in case of cool weather

Children can bring watches, inexpensive cameras etc but must be responsible for their own possessions.

WHAT NOT TO BRING

- Mobile phones (supervising staff will have access to a mobile phone and will contact parents if necessary)
- iPods. iPads etc
- Electronic Games
- Chewing gum/ lollies
- Jewelry

Special Dietary Request Form

For any students requiring special dietary requirements please use the following URL and complete the online Dietary Request Form.

<https://registrations.lutanda.org.au/special-diet-request-form>

Permission note for Hawkesbury Leadership Camp 2019.

(Please return to your child's principal)

I consent to my **son / daughter** _____ of _____ Public School participating in the Hawkesbury Leadership Camp at Lutanda Yarramundi, Springwood Road, Yarramundi from **Thursday 14th February (10.00 am) till Friday 15th February (2 pm) 2019.**

I have completed the attached Medical forms, including online Special Dietary Request form at:

<https://registrations.lutanda.org.au/special-diet-request-form>

I give permission for my child to receive medical treatment in the case of an emergency.

I give permission for my child to be photographed during the course of the camp. Yes / No

I agree for my child to participate in one or more of the following or similar activities:

- Abseiling, Giant Swing, Rock Climbing, Archery, Low Ropes, Crate Climb, Initiative courses, Orienteering, Kayaking, Bush Cooking, Night Activities and Sports
 - **Note swimming is not a planned activity for camp**

Parent

Signature

Date

School Principal

Signature

Date

Privacy Notice

Privacy Advice

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs of students who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with the school.

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the camp; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity.

Provision of this information will significantly assist in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Medical information form

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is attending the Hawkesbury Leadership Camp.

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks at camp.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the schools or are otherwise involved in the planning or delivery of the camp; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in camp activities. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the schools in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact your school principal to discuss further.

You may correct any personal information provided at any time by contacting your school office.

Student name:

School:

Medicare number

Parent or caregiver contact details

Name:

Address:
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Home phone:

Work:

Mobile:

Doctor contact details

Name:

Address:
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Doctor's telephone: 1. 2.

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. *Name:* *Phone:*

2. *Name:* *Phone:*

**List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.).
Outline the treatment for each. Please attach asthma plan and Anaphylaxis ASCIA plan if relevant.**

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Outline special dietary needs including possible reaction to inappropriate diet

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Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

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Signature:

Date:

Please return this form by: Wednesday 12th December 2018