Dear Parents and Caregivers

This year, Year 6 students have an opportunity to go on the Lake Ainsworth Camp Summer Program from Monday 9 February to Wednesday 11 February 2015.

Lake Ainsworth Sport and Recreation Centre, Lennox Head is situated approximately 20 minutes south of Byron Bay. It is an outdoor education camp. The students will be accommodated in clean, comfortable dormitories with excellent facilities and all meals being provided. There is a separate area for girls and boys with ensuite bathroom facilities for evening use. Year 6 and 7 teachers will attend the camp with additional staff as needed from the SEP unit.

Students will be involved in a range of activities that may include:

- Sailing
- Marine Studies
- Water Safety/Games
- Rock Climbing Wall
- Beach Games
- Raft Building
- A Cook-out
- Dancing and Other Activities

All activities carry a level of inherent risk. Procedures and qualifications of staff provides a basis for risk minimisation.

This incredible range of activities will be run by qualified instructors employed by Lake Ainsworth with Robina State School staff providing supervision and support. We hope that every student in Years 6 and 7 has the opportunity to take part at Lake Ainsworth. It helps to create a unity within the senior section of the school, cementing firm friendships through shared enjoyable experiences and promoting responsibility, independence and social skills.

Lake Ainsworth requires confirmation of numbers immediately. To ensure your son/daughter's place:

<table>
<thead>
<tr>
<th>Payable by Friday 6 February 2015</th>
<th>TOTAL COST: $280.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Form/Permission Note</td>
<td>Returned by Friday 31 January 2015</td>
</tr>
<tr>
<td>Travel</td>
<td>Will be by seat-belted bus - departure and return times to be confirmed closer to the event.</td>
</tr>
</tbody>
</table>

Information regarding Canberra and the booking procedure for interested students will be available shortly.

SHARON STARR, YEAR LEVEL CO-ORDINATOR

CHRIS EVEANS, PRINCIPAL

PAYMENT OPTIONS:

<table>
<thead>
<tr>
<th>Finance Office</th>
<th>Tuesday to Thursday 8.00-10.00am Cash or Credit. EFTPOS Available. Mastercard or Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Banking</td>
<td>It is important to use your child's Surname and Initial AND activity code as the reference when making your payment eg Smith-J14\activity</td>
</tr>
<tr>
<td>Centrepay Deductions</td>
<td>Payments can now be made via Centrelife if you are receiving Centrelife payments such as Pension, Newstart Allowance, Family Tax Benefit. Please enquire at the Finance Office for further information.</td>
</tr>
</tbody>
</table>

School's Bank A/c Name: Robina State School General Account
BSB Number: 064 445
Account Number: 00902494

LAKE AINSWORTH CAMP – YEARS 6 STUDENTS – Please return to the Finance Office

STUDENT NAME: .................................................................
CLASS: ............

I give permission for my child to attend Lake Ainsworth Camp.

☐ He/She has my permission to participate in ALL activities
☐ He/She has my permission to participate in all activities except ...............................................................

☐ I enclose my non-refundable deposit ☐ I have completed a Credit Card authority ☐ I have paid via the Internet, in the amount of $..............

Parent's Signature: ..............................................................................................................

Card Number: ___________ ___________ ___________ ___________ ___________ Expiry date: __/____ (4 digits)

Please debit my card for the amount of $_________: Mastercard Visa Card (circle)

Name of Cardholder: .................................................................
Signature of Cardholder: .................................................................
Medical and consent form – Child

Complete form in BLOCK LETTERS

**Participant details**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Male</th>
<th>Female</th>
<th>Date of birth</th>
</tr>
</thead>
</table>

School name

<table>
<thead>
<tr>
<th>Year group</th>
</tr>
</thead>
</table>

Postal address

<table>
<thead>
<tr>
<th>Postcode</th>
</tr>
</thead>
</table>

**Program details**

<table>
<thead>
<tr>
<th>Program number (if known)</th>
<th>Centre name</th>
<th>Date from</th>
<th>Date to</th>
</tr>
</thead>
</table>

**Parent/guardian contact details**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
</table>

Postal address

<table>
<thead>
<tr>
<th>Postcode</th>
</tr>
</thead>
</table>

Home phone

<table>
<thead>
<tr>
<th>Email</th>
</tr>
</thead>
</table>

Mobile phone

<table>
<thead>
<tr>
<th>Work phone</th>
<th>Fax number</th>
</tr>
</thead>
</table>

Relationship to participant

- □ Parent
- □ Guardian
- □ Grandparent
- □ Family member

**Allergies and special diets**

Sport and Recreation endeavours to provide safe, healthy meals to all clients, including those with special dietary needs. Those at risk from food related anaphylaxis require the highest level of care. It is important that we receive information regarding food related allergies even if your child is attending a self-catered program. This form MUST be received by Sport and Recreation at least two weeks before the program commences.

If your child has a special dietary need please provide information using the categories below.

**1. Food related anaphylaxis diagnosed by a doctor.** (An anaphylaxis action plan and at least one adrenaline auto-injector MUST be provided).

Please indicate the item/s your child CANNOT eat

- ☐ Peanuts
- ☐ Tree nuts
- ☐ Egg
- ☐ Wheat
- ☐ Sesame
- ☐ Crustaceans
- ☐ Fish
- ☐ Milk
- ☐ Soy
- ☐ Sulphites (specify below)

Other/further information

**2. Allergy or intolerance.** (Particular foods can cause discomfort and illness, but are not life threatening).

Please indicate the item/s below your child CANNOT eat

- ☐ Peanuts
- ☐ Tree nuts
- ☐ Egg
- ☐ Wheat
- ☐ Sesame
- ☐ Crustaceans
- ☐ Fish
- ☐ Milk
- ☐ Soy
- ☐ Gluten
- ☐ Lactose/Dairy
- ☐ Yeast
- ☐ Food Additives (specify below)
- ☐ Sulphites (specify below)

Other/further information

**3. Aversion/religious beliefs/lifestyle choice.** (You or your child have made a decision not to eat these foods, or to eat certain types of foods).

Please indicate your child's special diet

- ☐ Vegan
- ☐ Vegetarian
- ☐ No red meat
- ☐ No beef
- ☐ Halal
- ☐ Kosher

Other/further information

**4. Non-food related allergy.** (A doctor has diagnosed my child with a non-food related allergy).

Please indicate your child’s non-food related allergy

- ☐ Insect bite/sting (specify below)
- ☐ Medication (specify below)
- ☐ Other (specify below)

Other/further information

Has he/she been hospitalised with a severe allergic reaction

- ☐ Yes
- ☐ No

Has he/she been prescribed an adrenaline auto-injector (EpiPen® or AnaPen®)

- ☐ Yes
- ☐ No

Does he/she have an ASCIA Action Plan for anaphylaxis

- ☐ Yes
- ☐ No

Children diagnosed with anaphylaxis must have an ASCIA Action Plan and at least one auto-injector. (Please attach and return with the form).
**Health details and related information**

Does the participant suffer from the following? *(Please attach details as required).*
- [ ] A current illness (e.g., flu)
- [ ] A disability/chronic illness
- [ ] Asthma (provide asthma plan)
- [ ] Bed wetting
- [ ] Attention deficit disorder (ADD/ADHD)
- [ ] Behavioural problems
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Sleep walking
- [ ] Skin condition
- [ ] Other ________________________________

Has he/she had the Combined Diphtheria Tetanus Toxoid booster injection?  [ ] Yes  [ ] No  Year __________

Has he/she been immunised against measles?  [ ] Yes  [ ] No  Year __________

Private health insurance fund ________

Medicare number ________

Position on card ________

Valid till __________

Swimming ability  [ ] Strong – 50 metres unaided  [ ] Average – 25 metres unaided  [ ] Poor – 10 metres unaided  [ ] Non-swimmer

**Current medication**

<table>
<thead>
<tr>
<th>Name</th>
<th>Time and dosage – please specify exact time of medication (attach details as required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Breakfast</td>
</tr>
<tr>
<td></td>
<td>Time</td>
</tr>
<tr>
<td>e.g. Bricanyl</td>
<td>8 am</td>
</tr>
</tbody>
</table>

Notes: 1. Scheduled medication must be provided in the original container (as required by legislation).
2. Staff will collect, supervise and register the taking of all medication.
3. Participants at risk of anaphylaxis need to provide at least one auto injector (e.g., EpiPen®/AnaPen®).

**Optional information**

Is the child of Aboriginal or Torres Strait Islander descent? *(For statistical purposes only)*  [ ] Yes  [ ] No

Are one/both the parents from a culturally or linguistically diverse background or community? *(For statistical purposes only)*  [ ] Yes  [ ] No

**Privacy statement**

The Department of Education and Communities of 63 Flagtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you voluntarily provide to enable processing and enrolment for the program. The information will be provided to relevant staff and be provided to medical professionals where necessary. You consent to these disclosures. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the Department of Education and Communities can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

□ I do not wish to receive promotional information about this service offered by Sport and Recreation.

**Risk warning and media consent**

a) Strike out whichever does not apply:

I agree for my child/ward to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Department of Education and Communities, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is attending the Centre/enrolled in the program.

I understand that although the Department of Education and Communities, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.

b) Please tick whichever applies to you

□ I consent  /  □ I do not consent to allow the NSW Government to use any photographs, sound and film recordings taken of my child/my ward at this program for the promotion of NSW Government services and initiatives to the media and to the general public.

Name (print) __________________________  Signature __________________________  Date __________

**Returning this form**

Please return this form to the coordinator of your Sport and Recreation program.

For more information call 13 13 02 or visit www.dsr.nsw.gov.au