

6 February 2019

Dear Parents

Year 5 Camp

Excitement is building in Year 5 as the outdoor camp approaches. Once again, the camp will be held at Port Hacking in the Royal National Park on the Telford and Skinners site. The Year 5 staff are looking forward to an adventurous time with one another in God's wonderful creation.

We will be leaving Covenant on **Wednesday 27 February** at 9.15am. Children should arrive at school no later than 8.43am as per usual. The coach should reach Port Hacking by about 11.30am and will return to Covenant by 3.30pm on **Friday 1 March**. We would appreciate prompt collection of your child at that time.

Items to bring:

- Lunch and recess for Wednesday including drink (**please do not send lollies**)
- Shorts and t-shirts with sleeves (for sun protection)
- Tracksuit/warm clothing
- Raincoat
- Pyjamas, underwear
- Towel, toiletries
- Swimming costume and towel (including sun-shirt/rash-vest)
- Sneakers (all footwear should be fully enclosed), socks
- Old shoes (essential for canoeing)
- Two plastic bags (one for wet clothes, one for dirty clothes)
- Sleeping bag/sheets
- Pillow slip
- HAT, sunscreen, insect repellent and **roll-on** deodorant (no aerosols)
- Bible, torch, book to read or a quiet game
- Small backpack and drink bottle (useful when moving to activity sites)

We are looking forward to this time away and would appreciate your prayer for opportunity to glorify God and to build good relationships as we spend this time together. **For an emergency only**, the Telford phone number is 8525 3192.

NB: Parents wishing to join us on the camp should make contact with the class teacher, and we will let you know should you be needed. Thank you.

Please complete the Camp Medical, Dietary and Consent form attached to this letter and ensure that your child's information is up-to-date on the Edumate Parent Portal. Teachers will be taking medical information concerning your child along to camp, which will be sourced from both Edumate and the attached forms.

If you have concerns about any aspect of the camp, please do not hesitate to contact us.

Yours in the service of Christian education

Mr M Eatough
Year 5/6 Coordinator

Mr W Morton
Deputy Principal, Junior School

Camp Medical, Dietary and Consent Form

This form is used to supplement the information that already exists in our school system (Edumate) which will be taken to camp. If you have not updated your child's information on the Edumate Parent Portal recently, please do so via the Portal at: <https://edumate.covenant.nsw.edu.au>

Just to be clear – We will get your child's medical information from Edumate with the exception of the items below.

Detailed instructions on how to update your child's information can be found at:
<https://covenant.instructure.com/courses/1373/pages/update-my-details>

This form will collect extra information relevant to your child; please indicate which sections you are returning by ticking the boxes below. If a section is not applicable, then please ignore.

- Asthma:** If your child suffers from asthma, please complete the Asthma Plan on page 2 and return it with this consent form.
- Current Medication:** If your child is currently taking medication that will need to be administered on camp, please fill out the form on page 3 and return it with this consent form.
- Sleep Issues:** If your child has any issues with their sleep such as sleepwalking, night terrors, bedwetting, etc please contact the camp coordinator (by email or phone) to make a specific plan for your child.
- Diabetes/epilepsy:** I have attached my child's current Care Plan.
- Anaphylaxis/severe allergies:** I have attached my child's current Action Plan and Care Plan. My child will provide a labelled EpiPen to the supervising teacher if one is applicable.

For students with severe allergies or anaphylaxis, it is important that the school has the most up to date information to care for your child. This includes detailing all allergy triggers and management.

Please contact the school nurse for any further assistance with serious medical needs.

- Dietary Information:** If your child has special dietary requirements, please specify below:

(If more space is required, please attach additional information)

Parent or Guardian Consent

- I have updated my child's details and medical information via the Edumate Parent Portal.

In the event of any accident or illness and I am unable to be contacted, I authorise the school to obtain any medical assistance on my behalf that my son/daughter may require. I also agree to cover medical fees and/or the cost of such assistance that may be incurred while my son/daughter is on the camp.

I acknowledge an inherent risk associated with camp and the activities involved, and hereby give permission for my son/daughter _____ to attend

_____ Camp.

Signature: _____ Name: _____ Date: _____
(Parent/Guardian)

(Please return this form to the camp organiser)

School Camp Asthma Management Plan



Usual Asthma Management Plan

<p>Usual signs of student's asthma</p> <p><input type="checkbox"/> Wheezing</p> <p><input type="checkbox"/> Tightness in chest</p> <p><input type="checkbox"/> Coughing</p> <p><input type="checkbox"/> Difficulty in breathing</p> <p><input type="checkbox"/> Difficulty in speaking</p> <p><input type="checkbox"/> Other (please describe)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Signs of student's asthma worsening</p> <p>Increased signs of:</p> <p><input type="checkbox"/> Wheezing</p> <p><input type="checkbox"/> Tightness in chest</p> <p><input type="checkbox"/> Coughing</p> <p><input type="checkbox"/> Difficulty in breathing</p> <p><input type="checkbox"/> Difficulty in speaking</p> <p><input type="checkbox"/> Other (please describe)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>What triggers the student's asthma?</p> <p><input type="checkbox"/> Exercise</p> <p><input type="checkbox"/> Colds/viruses</p> <p><input type="checkbox"/> Pollens</p> <p><input type="checkbox"/> Dust/campfire smoke</p> <p><input type="checkbox"/> Food</p> <p>Which foods?</p> <p>_____</p> <p>Other Triggers (please note)</p> <p>_____</p> <p>_____</p>
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Does your child need assistance taking their medication? Yes No

Any other information that will assist with the asthma management of the student while on camp
 e.g. peak flow, asthma action plan, night time asthma, recent attacks (attach additional information if necessary)

Medication requirements: (including preventers, symptom controllers or medication needed before exercise)		
Name of Medication	Method (e.g. puffer & spacer, turbuhaler)	When and how much?

I give permission for standard asthma first aid to be administered in the event of an asthma attack.

Parent/Guardian Signature: _____ Date: _____

Medication Alert Form

Notification of Student Medication and Request for the Administration of Medication during School Hours

To be completed by parent or guardian

I advise that my child:

_____ in Year _____
(Full name of child)

Requires the following medication(s):

- Asthma:** I have completed the **School Camp Asthma Management Plan** for required Asthma medication, if relevant.

MEDICATION	DOSAGE	FREQUENCY (times per day)	DATES REQUIRED (indicate if the medication is to be given on schedule, or as needed)	REQUIRES REFRIGERATION	Can student self-administer for Asthma puffers or nasal spray? Y/N

The medication has been prescribed for the following reason(s):

Are there any instructions regarding giving the medicine e.g. time of day, with food etc?

I hereby give permission for the School Nurse / Office Staff to assist with the administration of the above listed medication(s).

Signed: _____
(Parent/Guardian)

Date: _____