

14 March 2019

Dear Parents/Guardians

Duke of Edinburgh Bronze Award - Adventurous Journey (Hike/Camp)

A Duke of Edinburgh Bronze Award Practice Hike will be run from Thursday, 2 to Friday, 3 May 2019. Trained staff from the Collaroy Centre Expeditions will facilitate this hike and a member of our staff will also be accompanying students.

Compulsory Briefing Session

A compulsory briefing session, for students participating in the hike, has been scheduled for Wednesday, 27 March from 10.30am to 12.45pm. This will be held at Covenant, and will be attended by a hike leader from the Collaroy Centre Expeditions. This will assist students in their preparation. All students intending to participate in the hike are required to attend this briefing.

Hike Description

This hike is centred around Crosslands Camp Ground and will take students along a section of the Great North Walk near Berowra and Cowan Creek.

Itinerary

Day 1	8.30am	Meet at Berowra Station. Hired equipment will be handed out at this point.
	9.15am	Introduction to navigational principles. This will include map orientation, scale, grid references, topographical features and grid and magnetic bearings.
	10.15am	Begin hiking. Practical navigation experiences throughout the hike.
	PM	Arrive at campsite and set up camp. Camp craft lesson, including tent site selection and set up, camp cooking and minimum impact practices.
Day 2	AM	Depart campsite for Berowra Station via Berowra Creek. Navigation experience continues.
	12.00pm	Arrive at Berowra Station. Unless otherwise arranged Hired equipment will be collected from here.

Travel Arrangements

- Thursday, 2 May - meet at Berowra Station at 8.30am
- Friday, 3 May - arrange collection from Berowra Station at 12.00pm

Suggested Equipment

Backpack	Pants and shorts
Dry bags/garbage bags for waterproofing	One spare set of clothes
Tent (small/light hiking compatible)	Hiking appropriate shoes
Sleeping mat	Season appropriate hiking socks
Sleeping bag	Beanie and gloves
Cooking equipment (eg tangier)	Hat and sunscreen
Eating utensils	Personal first aid kit and toiletries
Food (See suggested menu below)	Whistle and Compass (mandatory)
Water bottles (3L capacity)	Insect repellent
Water purification tablets	Toilet paper
Long sleeved thermal top and bottoms (Mandatory safety regulation)	Torch and batteries (head torch preferred)
Base layer (ie t-shirt)	Tea towel
Mid layer (ie fleece/warm jumper)	Pencil & paper
Top layer (ie rain jacket)	Small amount of washing detergent

Equipment is available for hire via The Collaroy Centre Expeditions. Please refer to the Trybooking site via the Canvas page.

Suggested Menu

Breakfast	Cereal, powdered milk, wraps, fruit, bread and spreads.
Lunch	Sandwiches or wraps, raw vegetables, crackers with salad or spreads, fruit.
Dinner	Couscous/pasta/noodles/quick rice with vegetables, sauces and seasonings. Freeze dried meals from outdoor/camping shop.
Snacks	Nuts, muesli bars, dried fruit, trail mix, chocolate.
Other	Powered sports drinks Hot drinks Hydrolytes or certain multi vitamins may help prevent/relieve muscle cramps.

Please remember: We will be camping away from civilisation, so anything that requires refrigeration is not appropriate to bring e.g. fresh meat etc.

Pre-Hike To Do List

Please ensure that the following is completed and returned to me by **Friday, 22 March 2019**:

- Complete the online Collaroy Centre Expeditions Student Online booking form using the link below:
 - <https://collaroy.venue360.me/public/events/homepage?event=94>
- Please ensure that all medical information and any gear hire requirements are noted in your online booking.
- Complete and return the attached hike permission slip.

Parent/Guardian Permission Slip

Please complete and return the attached permission slip to Mrs Nicholson by Friday, 22 March 2019

Please note: All charges for this hike are non-refundable.

Yours in the service of Christian education

Mrs N Nicholson
Duke of Edinburgh Award Leader

Mrs C O'Sullivan
Deputy Principal, Pastoral Care (7-12)



Please complete, detach and return to Mrs Nicholson by Friday, 22 March 2019

I give permission for my son /daughter _____ of Home Class _____ to participate in the **Duke of Edinburgh Bronze Award - Adventurous Journey (Hike/Camp) from Thursday, 2 May to Friday, 3 May 2019.**

Please note: All charges for this hike are non-refundable.

- I have checked and updated my child's emergency details online on the Parent Portal
- I have completed the Camp Medical, Dietary and Consent Form, and the Asthma Management Plan and Medication Advice Form (if applicable).
- My son/daughter will make their own way home from Berowra station.
or
- My son/daughter will be collected from Berowra station at the end of the hike.

Parent Name: _____

Signed: _____ Date: _____
(Parent/Guardian)

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>_____</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: _____