

9 April 2019

Dear Parents

### Year 7 - 9 ALIVE Sleepover 2019

ALIVE is a weekly Bible Study lunchtime group run by senior students at Covenant Christian School for Years 7 - 9. We are excited to announce our ALIVE Sleepover, which will be held at school. The Sleepover will begin at **4.00pm on Friday 24 May and will run until 2.00pm on Saturday 25 May 2019**, when students are to be collected by a parent. The ALIVE leaders will be primarily running the weekend and plan to have Bible talks, food, games and fellowship.

The aim of this sleepover is to:

- Build friendships with children of different grades
- Encourage students to develop their personal walk with God
- Learn more about God and the Bible
- Have fun!

Students must wear appropriate clothing and enclosed footwear. All meals will be provided, and the appropriate number of staff members will be present over the two days. A contact phone number for staff at school will be sent to parents of students attending the camp.

The cost of the weekend will be **\$25.00 if you are in Years 7 - 9**, and **\$15.00 if you are a leader on the camp**. Due to preparation issues, the **cut-off date** for registration will be **Friday 17 May**. Please register using the following link <https://www.trybooking.com/493110> and complete the attached permission slip and the Camp Medical, Dietary and Consent Forms and return them to the School Office. If your child is vegetarian, please indicate this on the permission slip.

Suggested list of things to bring:

- Shorts, jeans, t-shirts, jumpers and pyjamas for two days/one night
- A pair of clothes that are fine to get messy/wet.
- Sleeping bag, air mattress and pillow
- Toiletries and towel
- Sunscreen and torch
- Hat and good running shoes
- Pens, notebook and Bible
- Water bottle
- Lollies and chocolate (for the leaders)
- NO SKATEBOARDS PLEASE**

**Students must also bring something for morning/afternoon tea to share on the sleepover (e.g. muffins, chips, lollies, fruit).**

We understand that some students play weekend sport and may need to leave early on Saturday morning. Please indicate on the form when they need to leave, particularly if it is earlier than the finishing time, as this will help our registration process.

Please pray for us over the weekend as we believe that this will be a truly enjoyable and God-filled experience for your child.

Yours in the service of Christian education

Mrs L Gardner  
Student Leadership Council Coordinator

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



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*Please complete and return to School Office by Friday 17 May 2019*

I give permission for my son/daughter \_\_\_\_\_ of Home Class \_\_\_\_\_ to attend the ALIVE Sleepover to be held at Covenant Christian School from **Friday 24 to Saturday 25 May 2019**.

- I have registered and paid for my child via Trybooking <https://www.trybooking.com/493110>.
- 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 attached to this letter.
- My son/daughter \_\_\_\_\_ needs to leave early on Saturday morning to attend sport.  
Please specify the time: \_\_\_\_\_.
- My son/daughter is vegetarian.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Please note that the most up to date **medical information** provided to the school, including Asthma Plan, will be taken to the ALIVE camp. If any medical information has changed please make these changes online on the Parent Portal. This is where details for your child will be accessed.

## 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:

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

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### **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><b>Usual signs of student's asthma</b></p> <p> <input type="checkbox"/> Wheezing  <input type="checkbox"/> Tightness in chest  <input type="checkbox"/> Coughing  <input type="checkbox"/> Difficulty in breathing  <input type="checkbox"/> Difficulty in speaking  <input type="checkbox"/> Other (please describe)                 </p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Signs of student's asthma worsening</b></p> <p>Increased signs of:</p> <p> <input type="checkbox"/> Wheezing  <input type="checkbox"/> Tightness in chest  <input type="checkbox"/> Coughing  <input type="checkbox"/> Difficulty in breathing  <input type="checkbox"/> Difficulty in speaking  <input type="checkbox"/> Other (please describe)                 </p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>What triggers the student's asthma?</b></p> <p> <input type="checkbox"/> Exercise  <input type="checkbox"/> Colds/viruses  <input type="checkbox"/> Pollens  <input type="checkbox"/> Dust/campfire smoke  <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)

\_\_\_\_\_

\_\_\_\_\_

<b>Medication requirements:</b> (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: \_\_\_\_\_