



# JAMES NASH STATE HIGH SCHOOL

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## GYMPIE

A.B.N 84 190 394 644

12 July 2017

Dear Parents / Guardians

All year Eleven students whose behaviour is of a satisfactory standard are invited to attend a four (4) day camp from Monday 11<sup>th</sup> September to Thursday 14<sup>th</sup> September 2017.

The students will leave James Nash at 9.00am Monday and travel by bus to the Beachfront Caravan Park on Noosa North Shore. Students will then split into groups for the Monday, Tuesday and Wednesday programs as they take part in: hiking, abseiling, sporting, leadership, problem-solving and beach activities. Thursday morning will be devoted to leadership activities, which will reinforce the general team-building focus of the camp. The students will arrive back at James Nash on Thursday by 3.00pm.

The cost of the camp is \$92 and includes the bus trip, transportation costs to Mt Tinbeerwah for abseiling, an abseiling instructor, camping fees, and photocopying and ancillary costs.

Students will provide their own food, cooking gear, clothes, tents and camping equipment. A list will be provided to indicate items needed, including possible menus and equipment (students will liaise with each other to share cooking equipment and tents). The school will assist with this organisation and has some tents available for hire.

Time will be spent at school to ensure that the students are properly organised into camping groups with all the necessary equipment.

Equipment lists will be forwarded later this term.

If there are any questions regarding this camp, please ask through your student or phone Jaclyn Lee on 5480 6312.

Yours faithfully

Jaclyn Lee  
**Camp Co-Ordinator**

Bessie Nilon  
**Assistant Principal SS**

# YEAR 11 CAMP - CONSENT FORM

To be returned to Miss Lee on or before Friday, 25<sup>th</sup> August 2017.

I/We hereby give permission for

(Full name) \_\_\_\_\_ (Care group) \_\_\_\_\_

to attend the Year 11 Leadership Camp to be held from Monday 11<sup>th</sup> September to Thursday 14<sup>th</sup> September 2017.

I/We authorise the teachers to obtain medical assistance when they deem necessary, should an accident occur. I/We agree to pay all medical expenses incurred on behalf of the above student.

I/We authorise the teachers to transport the above student to and from any activity venues via private vehicles where it may be deemed necessary by the teachers.

I/We submit the following medical information about the above student and include details of limitations they have.

a strong and confident swimmer

a capable swimmer

a non-swimmer

My son/daughter will require "Notice to Employer" requesting leave from work [    ]

Any other relevant information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Care Giver

\_\_\_\_\_  
Date

# JAMES NASH STATE HIGH SCHOOL

## DEPARTMENT OF EDUCATION STUDENT MEDICAL RECORD

To be completed by parent / caregiver of all students participating in all school excursions.

### 1. STUDENT DETAILS

<b>Name of student</b>	<b>Date of birth</b>
<b>Excursion/camp description</b>	<b>Dates</b>

**2. MEDICAL CONDITION** Please indicate below any known medical conditions relevant to the above-named student. In those instances where there is a YES response, please describe the nature of the problem or provide a letter from your doctor.

MEDICAL CONDITIONS	RESPONSE	ADDITIONAL COMMENTS
Heart problems	YES / NO	
Blood pressure	YES / NO	
Respiratory problems (other than Asthma)	YES / NO	
Asthma	YES / NO	Has written permission for students to administer own medication been previously provided to the school? YES / NO If NO, please attach
Epilepsy	YES / NO	
Operations	YES / NO	
Allergies	YES / NO	
Drug reactions	YES / NO	
Recent illness	YES / NO	
Phobias	YES / NO	
Bed-wetting	YES / NO	
Other	YES / NO	
Date of most recent Tetanus injection		

### 3. MEDICAL PRACTITIONER

Name of family doctor	
Address	
Telephone number	

## CURRENT PRESCRIBED MEDICATION(S)

The medication(s) listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion indicated in Section 1.

I hereby request the teacher accompanying the excursion who has been so authorised by the Principal to administer the medication(s) in accordance with the instructions written on the medication container(s) by the pharmacist in accordance with the medical practitioner's instructions.

I understand that all unused medication(s) will be returned to me.

Signature of parent/guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Please rule an oblique line through any unused spaces below.

NAME OF MEDICATION	QUANTITY OF MEDICATION	TIMES FOR ADMINISTRATION

## 4. DISCLAIMER

I hereby authorise the medical practitioner identified in Section 3 to provide to hospital authorise or other qualified medical practioner(s) additional information concerning any of the medical conditions identified in Section 2 should such a need arise.

Signature of parent/guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. AUTHORITY

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur.

I agree to pay any ambulance, medical dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by my personal/family ambulance subscription, medical benefits fund (or travel insurance in the case of overseas travel).

I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise. I understand that, should such circumstances arise, the supervising teachers will endeavour to contact me by phone in the first instance.

Signature of parent/caregiver: \_\_\_\_\_ Phone contacts – Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_