



20 August 2018

## Year 11 Leadership Camp - 17, 18 & 19 October, 2018

Dear Parents and Students

On Wednesday 17, Thursday 18 and Friday 19 October, Year 11 students will be participating in a range of leadership, House, and personal development activities. The camp will be coordinated by College staff and external facilitators.

### Schedule

#### Wednesday 17 October

8.45am Buses depart TCC (no private transport)

#### Friday 19 October

2.45pm Arrive back at TCC

The cost of the camp will be covered by the College. The girls will stay at the PCYC at Cooee Bay while the boys will sleep at Cool Waters and travel to the PCYC daily.

All students will need to supply a sleeping bag (doona/sheets), a pillow, toiletries, towel, sunscreen, sensible sun safe clothing (no singlet tops) and beach gear. Every student will require a pair of closed in shoes for outside activities. A hat and water bottle will be essential. **MOBILE PHONES ARE NOT PERMITTED ON THE CAMP.**

The Seniors of 2019 will be given the opportunity to focus on their roles as College Leaders and this valuable time will assist every student to understand how they can contribute to making 2019 a positive experience.

This event is a compulsory College activity for **all** Year 11 students. Should parents require further information, please contact Mr Tim Murphy at the College on 4999 1300.

Students involved in work experience and TAFE courses are asked to inform their managers that they will not be available for the three days of the camp.

Please return the attached forms to the College in an envelope marked "Year 11 Leadership Camp" by Friday 7 September.

Yours sincerely

**Mr Andrew Stein**

Assistant Principal Students (Senior School)



## PERMISSION / MEDICAL FORM



**SCHOOL NAME:** THE CATHEDRAL COLLEGE

**Name Of Student:** \_\_\_\_\_

**Name Of Excursion/Camp:** Year 11 Leadership Camp

**Date:** 17-19 October      **Venue:** PCYC at Cooee Bay and Cool Waters, Kinka Beach

Dear Parents/Guardians,

Please complete and return this Permission/Medical form which is intended to provide the teacher/supervisor with sufficient information to ensure your child's well-being and which, in the event of an accident or injury, can be passed on to appropriate medical authorities for any necessary emergency assistance.

### PERMISSION DETAILS

- a) I hereby give permission for my child to participate in the activity as detailed in the information provided to me. I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.
- b) I consent to the teacher seeking such medical advice on behalf of my child as the teacher sees fit in the event of an accident or sudden illness when the teacher is not able to first contact me. If in such an emergency it is in the opinion of an attending medical or dental practitioner that my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), I consent to such medical or dental practitioner giving such attention or treatment.
- c) I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion/camp.

### PARENT CONTACT INFORMATION

Please provide information which would assist the teacher to make speedy contact with you in the event of an accident or injury requiring such contact.

**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_      **Work Phone:** \_\_\_\_\_      **MOB:** \_\_\_\_\_

**Alternative Contact Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_      **Work Phone:** \_\_\_\_\_      **MOB:** \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_      **Position on card:** \_\_\_\_      **Expiry Date:** \_\_\_\_/\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PARENT/GUARDIAN

*Please turn over to complete medical details*

## MEDICAL INFORMATION

Strike out whichever of the following statements which does not apply to your child:

I certify that my child does not, to my knowledge, suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment.

OR

I give notice that my child suffers from the following illness or disability and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment, but certify that to my knowledge, my child does not suffer from any other illnesses or disabilities or take medication which might interfere with or inhibit any medical or dental attention or treatment.

<b>DETAILS:</b>	
Is your child on any prescribed medication(s) which would need to be continued during the excursion/camp?	[ <input type="checkbox"/> ] YES    [ <input type="checkbox"/> ] NO
<b>(If Yes) DETAILS:</b>	
Does your child have any allergies (e.g. insect bites, food)?	[ <input type="checkbox"/> ] YES    [ <input type="checkbox"/> ] NO
<b>(If Yes) DETAILS:</b>	
Date of last tetanus vaccination:	____/____/____
Is there any information you would like to give which, in your view, may affect your child's participation in the excursion/camp (including mental health issues)?	[ <input type="checkbox"/> ] YES    [ <input type="checkbox"/> ] NO
<b>DETAILS:</b>	



**FORM B**  
**The Cathedral College Excursion/Off Campus Activity**  
**Behaviour Contract**



You will be involved in an excursion/off-campus activity that requires a high level of cooperation and a certain level of maturity. This behaviour contract sets out the clear expectations for students.

1. Students are to ensure they follow all directions given by staff of The Cathedral College and/or any other relevant instructor involved in the excursion/off-campus activity promptly and politely.
2. Students are to be mindful of other guests, their peers and staff at all times of the excursion/off-campus activity.
3. Students are expected to respect the privacy of all participants on the excursion/off-campus activity. Appropriate interactions between students are to be maintained at all times.
4. Students are expected to follow all safety procedures immediately and without question.
5. Students are expected to behave in a respectful and appropriate manner at all times.
6. Students who repeatedly fail to follow these directions may be asked to leave the camp. Parents will be notified and will be required to come to the camp and pick up their child.

I have read the behaviour contract and understand my obligations to ensure the camp is safe and enjoyable for all. I also understand that concerns regarding behaviour while on camp may result in contact with parents on return to school and review of future participation in similar activities.

Student Name (please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: ...../...../.....

**Parent/Guardian Section**

*I hereby give consent for my son/daughter*

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Given Name                      Surname                      Age                      Date of Birth

***to attend the Year 11 Leadership Camp***

***I acknowledge the above Behaviour Contract and understand the expectations for this excursion/off-campus activity. I further agree to meet the costs of any accident, illness or unforeseen circumstance that may occur. If necessary, I will come to collect my child from the excursion/off-campus activity.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Printed Name: \_\_\_\_\_



**FORM C**  
**MEDICATION PERMISSION FORM**



**STUDENTS NAME:** \_\_\_\_\_

**YEAR LEVEL: 11**

**PASTORAL CARE GROUP:** \_\_\_\_/\_\_\_\_

**TYPE OF MEDICATION:** \_\_\_\_\_

**REASON FOR MEDICATION:** \_\_\_\_\_

**PRESCRIBED DOSAGE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# FORM D

## SWIMMING PERMISSION POOL / BEACH / CREEK

Your son/daughter may have the opportunity to participate in a swimming activity. Please indicate their name, swimming ability and other details below.

**Student Name:** \_\_\_\_\_

**Competent swimmer**

**Non-competent swimmer**

**Other Details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return to the office by Friday 7 September 2018**