

CURRUMBIN VALLEY



CAMP COORDINATORS' ORGANISATIONAL FLOW CHART

Thank you for taking on the role as Camp Coordinator for your upcoming school visit. Please use the following guidelines and timelines to help with your camp preparation.

6 WEEKS PRIOR TO CAMP

Send the following information to all staff members and parents of students that will be attending camp.

FORM A / B – Visiting Staff / Adult Information & Medical Consent Note

Copy back to back and issue to all visiting adults who will be attending camp. Form A identifies requirements and expectations of visiting adults. Form B requires completion based on medical history of the individual.

- **Form B - returned to you as camp co-ordinator, 10 days prior to camp.**
- **All Medical Forms (FORM B) must be brought to camp by you as Camp Co-ordinator.**

FORM C – Camp Information for Parents

Organise a copy to be sent to all parents of children invited to attend camp. The note includes children's requirements for camp and advises that all medication for camp must have relevant original pharmaceutical labelling. Copy the camp program to the back of Form C to inform parents of the daily schedule of activities.

FORM D – Student Medical Consent Form

Copied back to back, sent home and completed by all parents / guardians giving permission for their child to attend camp. These forms are essential for camp planning, dietary requirements and medical considerations. Parent letters detailing specific requirements should also be included in this mailing.

- **Form D completed both sides, returned to you as camp co-ordinator, 10 days prior to camp.**
- **All Medical Forms (FORM D) must be brought to camp by you as Camp Co-ordinator.**

10 DAYS PRIOR TO CAMP

- Make sure all **CAMP FORMS A-D** have been returned
- Collate information and begin to complete **CAMP FORMS E & F**

FORM E – Accommodation List

Children's names are to be placed in the appropriate accommodation / tent groupings. This sheet must be accurately completed. An updated copy of Form E must be given to your Currumbin Valley Campus teacher on arrival at camp to confirm final numbers.

FORM F – Camp numbers / Special Dietary Requirements / Severe Medical Conditions

7 DAYS PRIOR TO CAMP

Finalise **CAMP FORM E & F** outlining student numbers, teacher / adult numbers, special dietary requirements, severe medical conditions and accommodation allocations.

- Email / Fax CAMP FORMS E & F to the Currumbin Valley Campus strictly 7 DAYS PRIOR to camp info@currumbinfarmschool.eq.edu.au**

As Camp Co-ordinator you must provide all relevant information to the Currumbin Valley Campus to ensure accurate numbers, special dietary requirements and all medical conditions are catered for.

FORM A

VISITING STAFF AND ADULT SUPERVISORS' INFORMATION SHEET

Although the visiting teachers' tasks at the Currumbin Valley Campus are designed to be enjoyable, the work undertaken can be demanding and tiring. A shared responsibility exists between the visiting staff and the camp staff to provide a safe and enjoyable program to suit the needs of all students and teachers.

While the Currumbin Valley Campus staff provides leadership in the more technical areas of the program, visiting teachers provide a vital component through the knowledge of individual students along with supervising of various routines within the program. The Currumbin Valley Campus requires a minimum 1:24 teacher to student ratio to ensure the safety and wellbeing of all participants. Additional staff will be required to cater for students with individual needs. All non-teaching staff must hold a current 'blue card'. It is your school's responsibility to ensure this legislative requirement is met. Teacher changeovers should be avoided where possible.

Visiting teachers will be assigned a combination of particular duties for which they will be responsible for during camp. Camp staff will at all times brief visiting teachers about their expectations and responsibilities for the following:

<u>VISITING STAFF DUTIES</u>		
Session	Time	Description
Morning Activity	6.45 - 7.15am	A session to wake up, get the blood flowing and tune in for a day on camp. Choose from a morning walk to the rock pools, yoga session, fitness stations, etc. to commence the day.
Breakfast	7.30 - 8.30am	Organising and supervision of breakfast and clean up procedures.
Lunch	12.00 - 1.00pm	Organising and supervision of lunch and clean up procedures.
Recreation & Shower Time	4.00 - 5.30pm	Management of all students during supervised recreation time and the rotation through daily showers.
Dinner	5.30 - 6.30pm	Organising and supervision of dinner and clean up procedures.
Night Programs	6.30 - 8.30pm	Running the night program with the following options on the first night; night walk (Camp Teacher Lead) and either camp fire or other visiting teacher lead activity. On the second night there is the option for a movie or alternate visiting teacher lead activity.
Lights Out	8.30pm - late	Supervision of students as they prepare for bed and settle in for the night.
Medical Supervision	As Required	Ensure that all medication is administered to students and signed for, as per instructions on the medical consent form.

Arrival time for your group at the Currumbin Valley Campus (1226 Currumbin Creek Road, Currumbin Valley) is 10am. Departure on the last day of camp is 1pm. Please inform us of any required variations to this schedule. On the reverse of this document is the Medical Consent Form that you must complete and return to your school camp co-ordinator 10 days prior to camp. Please refer to the letter for students' outlining essential belongings to bring to camp.

Overall we are sure you will find your residential camp experience both rewarding and enjoyable. Your efforts regarding camp coordination are greatly appreciated and we look forward to providing a safe, enjoyable and valuable camp experience for you and your students.

Kind regards,

Currumbin Valley Campus Staff

Ph: 5533 0312 Fax: 5533 0299
Website: www.tallebudgeraoeec.eq.edu.au
Email: info@currumbinfarmschool.eq.edu.au

FORM B

VISITING STAFF / ADULT MEDICAL CONSENT NOTE

Thank you for your commitment to supporting the Currumbin Valley Environmental Education Centre. Our camp experience is designed to 'create positive change in the lives of young people'. Outcomes will be enhanced by your ability to remain present for the full duration of camp and by your capacity to fully participate in a range of Outdoor & Environmental learning experiences.

School Male or Female Given Name Surname Date of Birth..... Home Address Post Code..... Home Phone..... Work / Mobile Phone EQ Email Address Details of Medical Cover (MBF etc)..... Pension Concession Details..... Expiry Date.....	<p>Please fill out all Medicare information below.</p> <p>1. Medicare No.</p> <p>2. Person attending camp no.</p> <p>3. Medicare Exp Date</p>
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Tetanus Booster	YES / NO	Last Year Given:-	Epilepsy	YES / NO	
Measles Vaccination	YES / NO		Phobias	YES / NO	
Asthma	YES / NO		Heart Problems	YES / NO	
Sinus, Hay fever	YES / NO		Injections, and when given	YES / NO	
Other respiratory problems	YES / NO		Recent operations, illness, injury	YES / NO	
Food Allergies (eg peanuts, lactose)	YES / NO		Physical Disabilities	YES / NO	
Medical Allergies (eg penicillin, analgesics)	YES / NO		Other	YES / NO	
Any Special Dietary Requirements	YES / NO	Details-			

Authorisation for Qualified Practitioners to administer: (please circle) ANAESTHETIC (YES / NO) BLOOD TRANSFUSION (YES / NO)
 Emergency Contact- Ph-

*I have read the **information for teachers** and I am aware of my responsibilities whilst on camp: **Signature** **Date***

FORM C

CAMP INFORMATION FOR PARENTS

It gives us great pleasure to inform you that your child has been invited to attend a residential camp experience at the Currumbin Valley Campus of the Tallebudgera Outdoor and Environmental Education Centre. We understand that while camp is a rewarding and exciting time for students, it can be a worrying time for parents and carers. We hope that you find the following information useful and comforting.

PERSONAL BELONGINGS

While at camp students will participate in a variety of outdoor and environmental based activities. Please use the below list to ensure students have enough clothing for the entire camp.

Children must bring the following items CLEARLY LABELLED to camp to comply with the program.

CLOTHING	√	FOOTWEAR	√
Shorts		Sandshoes (closed in)	
T-Shirts (Sleeveless shirts are unsuitable)		Thongs and or Sandals	
Socks		Wet shoes or old pair of sand shoes for water activities is essential	
Underwear (optional - Bike Pants or Skins for chaffing)		(crocs as wet shoes are not suitable)	
Swimwear		BEDDING	
Long Pants		2 Sheets	√
Warm Jumper/ Jacket & Pants		Pillow / Pillowcase	
Pyjamas		Blanket/Sleeping Bag	
Raincoat / poncho		TOILETRIES	
Full Brim Hat - ' No Hat, No Play ' policy		Toothbrush/Toothpaste	√
Neat casual clothes for evening activities		Soap/ Shampoo/ Lip Balm	
MISCELLANEOUS		Brush/Comb	
Torch – essential for night walk	√	2 Towels / Washer	
Drink bottle – essential for all activities		Deodorant (No aerosols)	
Small back pack		30 + Sunscreen is essential	

IMPORTANT NOTE: Students are **not required** to bring any food on camp (with the exception of pre-arranged special dietary requirements).

SAFETY

Strict safety procedures for the various activities have been developed and are explained to the children upon arrival at the Campus and again before each activity is undertaken. Trained and qualified Camp Staff are heavily involved with the operations of the residential camping program. Visiting staff will be fully briefed on their roles and responsibilities. Risk assessments have been performed on all activities within the program.

STUDENT WELFARE

Student independence is a major goal of our programs. If a student needs medical assistance for any illness or injury, parents will be contacted. There will be a small number of occasions when sensitive welfare issues will occur. In such cases parents will be contacted. Parents can be assured that minor health and welfare incidents are managed sensitively by our staff. If your child is identified as a 'bed wetter' on the medical consent form, these students will be dealt with discretely.

SPECIAL ARRANGEMENTS

Parents must write a covering letter to the Head of Campus with any additional concerns that may be relevant during the course of your child's stay. These could include severe health concerns, food, any custody issues, early departures, physical activity special needs, swimming and any other matters.

Should you have any questions or concerns regarding the Currumbin Valley Campus procedures or operations please do not hesitate to contact your child's camp co-ordinator who will pass on any required information. We trust that your child's stay shall be a memorable and enjoyable experience.

Kind regards,
Currumbin Valley Campus Staff

1226 Currumbin Creek Rd, Currumbin Valley, 4223
Ph: 5533 0312 Fax: 5533 0299
Website: www.currumbinfarmschool.eq.edu.au
Email: info@currumbinfarmschool.eq.edu.au

FORM D

STUDENT MEDICAL CONSENT NOTE PLEASE COPY BACK TO BACK

SURNAME

School **Male or Female**

Given Name Surname Date of Birth

Home Address Post Code.....

Parent/Guardian Names.....Home PhoneWork/Mobile.....

Details of Medical Cover (MBF etc.)

Pension Concession Details..... Expiry Date.....

Please fill out all Medicare info below.



1. Medicare No.
.....
2. Number of person.
.....
3. Medicare Exp Date
.....

If YES is indicated below, please provide extensive information including medical details, dosage and administering times.

Diabetes	YES NO	<p>If YES, information MUST be downloaded from our website and attached to this form- www.currumbinfarmschool.eq.edu.au</p> <ul style="list-style-type: none"> • Support and resources • Forms and documents • Documents • Medical conditions / Special needs 	Asthma / Other Respiratory Problems	YES NO	Has your child had an infectious disease recently?	YES NO
Epilepsy	YES NO		Sinus & or Hay Fever (Please circle)	YES NO	Immunised for Measles, Chicken pox etc.	YES NO
Special Learning Needs (adhd, autism, etc.)	YES NO		Tetanus Booster Last Given:- Year:-	YES NO		YES NO
Severe Allergy – (EpiPen)	YES NO		Provide details of medication that your child needs to take at camp			
Physical Disabilities	YES NO		MEDICATION DOSAGE			
Bed Wetting/ Sleep Walking/ Phobias	YES NO		Breakfast			
Medical Allergies E.g.: penicillin, analgesics	YES NO		Lunch			
Food Allergies (Medically diagnosed e.g. coeliac, dairy, etc.)	YES NO		Dinner			
Special Dietary Requirements (Religious reasons, vegetarian, no pork, etc.)	YES NO		Supper			
Heart condition / recent operation or injury	YES NO		Details-			
Other Relevant Information	Details-					

The Beach School has a number of aquatic based activities, please indicate your child's swimming ability level- (please tick relevant box)

- Non swimmer
 Weak swimmer (unable to swim 25m)
 Competent (can swim 25m)

In the case of a medical emergency every effort will be made to notify carers.

In the rare instance that contact cannot be made please give authorisation for Qualified Practitioners to administer:

ANAESTHETIC (Please Circle) YES NO BLOOD TRANSFUSION (Please Circle) YES NO

Medical Practice..... General Practitioner's Name Ph.....

Secondary Contact Description (i.e. Aunty / Grandparent)..... Ph.....

(School staff will not administer over the counter medication, including analgesics, homoeopathic or prescribed medication without a written request from a parent / guardian and/or by written advice from a medical practitioner. Medications must be labelled and in the original container.)

(YES/NO) I give permission for school staff to administer one dose of paracetamol as required should my child be suffering from a headache or any mild discomfort.

Are there any custodial issues that the Principal and/or staff of Tallebudgera Beach School should to be made aware of? Please outline:

.....
If your child has any other additional details or conditions please outline:

.....
I (DO / DO NOT) give the Tallebudgera Beach School permission to use any photographs or videos of my child for promotional or marketing purposes.

Department of Education requires a risk assessment to be conducted on all curriculum areas that contain potential hazards. At Tallebudgera OEEC several activities (eg. Body boarding, tobogganing, etc.) are deemed high risk. To minimise these potential risks the Tallebudgera OEEC implements strict safety procedures in accordance with the Department's safety guidelines. Tallebudgera OEEC prides itself on its impeccable safety record with all sessions being conducted by highly trained and qualified staff. At times students are transported to learning sites using department owned vehicles or department approved bus companies. Please take this information into consideration when deciding on your child's camp participation.

www.currumbinfarmschool.eq.edu.au > **Support and resources > Forms and documents > Documents > CARAs**

I (Name)give permission for my child to participate in adventure based activities that are considered high risk by Department of Education. I understand that this may include vehicle transportation to and from learning sites. I hereby authorise the Principal, or his representatives, to obtain such medical attention as deemed necessary. I acknowledge that the Department of Education does not have 'Personal Accident Insurance Cover' for children/students and I understand that all costs associated with any injury, including medical costs are the responsibility of the parent/carer. I give consent for student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer's Directions](#).

SIGNATURE REQUIRED (Parent / Guardian) :..... Date/...../.....

FORM E

CABIN ACCOMMODATION LIST

<u>OFFICIAL USE ONLY</u>
STUDENTS: _____
DAY VISIT: _____
ADULTS: _____

SCHOOL NAME:

1. Organise students into groups of 4 placing their names in the appropriate gender cabins below
2. Please fill up cabins 1-16 **before** using cabins 17 – 19 for additional extras

NINGEROONGUN		BARRAJANDA	
BOYS CABIN - N1	BOYS CABIN - N5	GIRLS CABIN - B1	GIRLS CABIN - B5
1.....	1.....	1.....	1.....
2.....	2.....	2.....	2.....
3.....	3.....	3.....	3.....
4.....	4.....	4.....	4.....
BOYS CABIN - N2	BOYS CABIN - N6	GIRLS CABIN - B2	GIRLS CABIN - B6
1.....	1.....	1.....	1.....
2.....	2.....	2.....	2.....
3.....	3.....	3.....	3.....
4.....	4.....	4.....	4.....
BOYS CABIN - N3	BOYS CABIN - N7	GIRLS CABIN - B3	GIRLS CABIN - B7
1.....	1.....	1.....	1.....
2.....	2.....	2.....	2.....
3.....	3.....	3.....	3.....
4.....	4.....	4.....	4.....
BOYS CABIN - N4	BOYS CABIN - N8	GIRLS CABIN - B4	GIRLS CABIN - B8
1.....	1.....	1.....	1.....
2.....	2.....	2.....	2.....
3.....	3.....	3.....	3.....
4.....	4.....	4.....	4.....

BURRAJUM			
DISABILITY BATHROOM	BOYS or GIRLS – B9	BOYS or GIRLS – B10	BOYS or GIRLS – B11
	1.....	1.....	1.....
	2.....	2.....	2.....
	3.....	3.....	3.....

GWYALA				
ADULTS CABIN - G1	ADULTS CABIN – G2	ADULTS CABIN – G3	MALE ADULT BATHROOM	FEMALE ADULT BATHROOM
1.....	1.....	1.....		
2.....	2.....	2.....		

FORM F

INFORMATION SUMMARY: CAMP NUMBERS AND SPECIAL NEEDS

SCHOOL NAME: (Based on 4 students, same gender to a Cabin)

GROUP	NUMBERS	NO. OF CABINS
Boys attending		
Girls attending		
Male supervisors attending		
Female supervisors attending		
Additional information:		

TOTALS _____

VISITING TEACHERS & ADULTS

- Minimum RATIOS: 1 visiting supervisor to every 24 students
- Additional staff will be required to cater for students with individual needs
- Clarify if visiting staff are the following:
 P (Principal), T (Teacher), TA (Teacher Aide), C (Chaplin), PST (Pre Service Teacher), PA (Parent assistant)

Please use Medical Consent Forms (both teacher and students) to provide the Currumbin Valley Campus with an essential summary based on the following:

ADULT NAME	DIETARY REQUIREMENTS	SEVERE MEDICAL CONDITIONS
eg. Teacher Brown (T)	Vegetarian	Severe Asthma
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

To ensure the Currumbin Valley Campus is adequately prepared for your group
Forms E & F must be completed and returned by email / fax a minimum of 7 days prior to your arrival - all other Forms A – D must be brought with you to camp.

FORM F

VISITING STUDENTS:

Please organise students into 1 – 3 activity groups evenly using the group sizes below

1 – 24 students = 1 group	25 – 48 students = 2 groups	49 – 72 students = 3 groups
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ACTIVITY GROUP: (Please divide student numbers evenly)

STUDENT NAME	DIETARY REQUIREMENTS	SEVERE MEDICAL CONDITIONS
eg. Student Smith	Vegetarian	Severe Asthma
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		

Please also indicate the following by using the required symbol:

BD – Birthday at Camp

NS – Non Swimmer

WS – Weak Swimmer