



Year 5 Camp

Date

Monday 5 - Wednesday 7 December

Location

Illawonga School Camp
Swan Reach

Travel

Bus
Depart: Monday 9:00am
Return: Wednesday 2:30pm

Total Cost

\$249.00

Student Requirements

Recess for Day 1
Please see attached 'What to Bring' list

Supervising Teachers

Mark Tenny
mtenny@investigator.sa.edu.au
Edwina Bruce
ebruce@investigator.sa.edu.au
John Freebairn
jfreebairn@investigator.sa.edu.au

Details

Reply due: **MONDAY 21 NOVEMBER**

Investigator College: (08) 8551 0900

Date for Distribution: 25 October 2022

Dear Parents/Caregivers

This year our Year 5 students will attend Illawonga Camp from Monday 5 to Wednesday 7 December. Illawonga Camp is a nature-based educational camp program focusing on the Murray River.

The objectives of the Year 5 Camp are to:

- develop an understanding of the importance of the Murray River as a natural resource and the cultural and historical significance of the Murray River
- increase awareness of the impact of humans on our environment
- highlight our responsibilities towards the Murray River

The activities at Illawonga Camp are varied and many focus on river ecology, local animals and the Murray Mallee region. Tours and activities relating to wombats, kangaroos, irrigation and aquaculture are included. The learning takes place in a fun environment with students visiting the Punyelroo Cave and riding on a tour barge. The camp also has a gymnasium with a huge foam-filled pit. Other activities include knee boarding, swimming and archery.

Students will travel to the campsite by bus, departing from the College at 9:00am on Monday and returning by 2:30pm on Wednesday.

Students will stay in dormitory style accommodation. This is a fully catered camp so, apart from recess for Day 1, students are not required to bring any food. Please complete the Student Dietary Requirement Form provided. Note that food is not permitted in the dormitories, and if found it will be confiscated and sent home at the conclusion of camp.

Mark Tenny, Edwina Bruce and John Freebairn will be the supervising teachers at the camp. The staff members at Illawonga Camp are accredited professionals with Senior First Aid Certificates and are experienced in providing supervision during all activities.

The cost of the camp is \$249.00 per student. To enable us to confirm the details and the required dietary information with the venue, please return payment, the consent slip and attached forms to the College by **Monday 21 November**.

Yours sincerely

Nicholas Smith
Head of Junior School

Medication

Any medication required (including asthma inhaler, motion sickness tablets or paracetamol) that isn't already kept at the College must be handed to Student Services in a snap-lock bag by **Wednesday 30 November**. This will give the teachers time to set up a timetable for medication delivery and ensure we have all the necessary medical information. Medication must be in original packaging with pharmacy label including student name, dosage and frequency. For over-the-counter medication, local pharmacies will label these upon request.

What to Bring (please name **every** item):

Note: Please limit your packing to one medium size soft bag and a sleeping bag. Children should be able to carry their own luggage.

Bedding

- Sleeping bag
- Pillow

Clothing Requirements

- 1 pair of jeans or track pants
- 2 pairs of shorts
- 2 t-shirts
- Bathers and beach towel
- 1 windcheater or jumper
- 1 warm jacket or parka (especially waterproof coat with a hood)
- Hat
- Pyjamas, underwear and socks
- 1 old pair of sneakers
- 1 spare pair of shoes or sneakers

General Requirements

- Recess for Day 1
- Drink bottle
- Towel and toiletries (soap, toothbrush and paste, hairbrush etc)
- Sunscreen and insect repellent
- Hat
- Small torch
- 2 plastic bags for dirty or wet clothes and shoes

Please do not bring:

- Money
 - Electronic devices including phones, cameras, iPods etc
 - Lollies
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Year 5 Camp

Monday 5 - Wednesday 7 December

Student:

I give permission for my child to attend the camp.

Payment Arrangements

I will make full payment of \$249.00 to the College by **Monday 21 November**.

I have returned the full payment of \$249.00 with this form to pay for the camp.

**You may have paid for this camp already, during Term 1. Please check with Finance if you are unsure.*

Payment method:

Cash Cheque Credit Card EFTPOS (in person at the Finance Office)

Credit Card Details: No: / / / Expiry: / CSV:
Office use only: POS Code 227006

I confirm that the College has current and correct medical information/contact details for my child.

Name:
Parent/Caregiver

Signature:

Please return to the College by **MONDAY 21 NOVEMBER**



Year 5 Camp
Student Dietary
Requirement Form

Murray River Educational Nature Tours/Illawonga Camp
Catering Service

To the Parent/Caregiver of student/s attending Illawonga Camp

We know the importance of good nutrition for young children. Our food is fresh, fun and nutritional! We have no problems catering for vegetarians or other special dietary requirements.

DIETARY REQUIREMENTS

Please list any information regarding your child's dietary requirements.

This form is for special dietary requirements, not for likes and dislikes.

Student:

- Lactose Intolerant
- Gluten Intolerant
- Nut Allergy
- Other

Details:

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Note: Students are expected to help our staff with table setting, clearing and the washing/drying of dishes.

Please provide extra information if required and contact the teacher in charge to discuss any student health problems.

Please return to the College by MONDAY 21 NOVEMBER

Illawonga Camp
STUDENT HEALTH INFORMATION (Confidential)

NAME _____ DATE OF BIRTH _____
 (Surname) (Christian names)

IS THE STUDENT COVERED BY MEDICAL BENEFITS?	YES/NO	MEDICARE NUMBER:
IS THE STUDENT COVERED BY SA AMBULANCE COVER?	YES/NO	MEMBERSHIP NUMBER:
DOES THE STUDENT RECEIVE ANY REGULAR PRESCRIBED MEDICATION? Note: Any medication needed during camp should be handed to a teacher before departure with written details of student's name, medication, dose, etc.	YES/NO	DETAILS OF MEDICATION:
HAS THE STUDENT RECEIVED A COMPLETE COURSE OF TETANUS IMMUNISATION?	YES/NO	Date of last booster injection
DOES THE STUDENT SUFFER FROM ASTHMA?	YES/NO	DETAILS
DOES THE STUDENT SUFFER FROM ANY ALLERGIES? FOOD (specific diet needs also eg, Halal, Vego) MEDICATION BEES OTHER	YES/NO YES/NO YES/NO YES/NO	DETAILS DETAILS DETAILS DETAILS
IS THE STUDENT A DIABETIC EAR DISORDER eg DRAINAGE TUBES CONVULSIONS/SEIZURES eg EPILEPSY	YES/NO YES/NO YES/NO	DETAILS DETAILS DETAILS
DOES THE STUDENT HAVE ANY OTHER MEDICAL CONDITION OR HEALTH PROBLEM? YES/NO	YES/NO	DETAILS

EMERGENCY CONTACTS

Parent or Guardian:

Name _____

Address _____

Home phone _____ Work phone _____ Mobile _____

Family Doctor : Name _____ Telephone _____

Address _____

Medical specialist (if relevant):

Name _____ Telephone number _____

Note: The information requested on the Student Health Information sheet will be considered confidential by the school and the Operator and will be treated accordingly. The information is sought in order to protect and assist the student so that the activity may be a safe and enjoyable experience. Please provide extra information if required and contact the teacher in charge to discuss any student health problems.

THIS FORM IS TO BE TAKEN TO CAMP BY TEACHERS IN CASE OF EMERGENCY

Illawonga Camp
Outdoor Education Consent Form

*Please use block letters.

I, (your name) _____

Of (your address) _____

Being the parent/guardian of (students name) _____

Who attends (name of school) _____

CONSENT to him/her participating in activities undertaken at Illawonga Camp operated by Murray River Educational Nature Tours ("the Operator") for the period from _____ to _____ inclusive.

As parent/guardian I: _____,

- ❖ Authorise the school teachers to obtain whatever medical assistance they may deem necessary in case of any accident or incident which may occur at camp, and agree to pay all medical, dental and associated expenses incurred on behalf of the student.
- ❖ Authorise the school teachers to administer medication as may be set out on the enclosed document "Student Health Information" or as prescribed by any medical practitioner from whom advice may be sought during the course of the camp.
- ❖ Authorise for the student's general practitioner and other medical specialists to provide to the school teachers, details of the student's medical history and treatment.
- ❖ Agree/do not agree to the student sleeping on a top bunk.

RISKS

I am aware that whilst at the Illawonga Camp, the student will be subject to supervision by school teachers and parents of the school. I accept however that by the very nature of the activities upon which the student will be engaged, there is some risk of injury. Whilst I expect that all supervising staff will make absolutely every effort to ensure the safety of the student, I confirm that the student, in taking part in those activities does so at his/her own risk.

I release and indemnify the proprietors and staff of the Operator from any liability howsoever arising from injury or damage caused by or arising out of the student attending the camp or being involved in the activities conducted at or ancillary to the camp, except where such injury or damage is caused by any act or omission of negligence on behalf of the proprietors or staff of the operator.

Note: No participant of Murray River Educational Nature Tours, Illawonga Camp program have suffered serious injury since the program commenced at the beginning of 2000.

SIGNED (Parent/guardian): _____ **Date:** _____

THE SECTION BELOW IS FOR TERM 1&4 AQUATICS CAMPS ONLY

Illawonga Camp has a shallow, roped off swimming area at the camp's water frontage. Students are required to wear buoyancy vests at all times when they are participating in swimming or aquatic activities when in or near the water. (Buoyancy vests are supplied.) If you would like your child to be involved in swimming or other water activities included in the itinerary, please sign this form below.

As a parent/guardian of this student, I give my consent for him/her to participate in swimming or aquatic activities and agree to the delegation of authority to the staff and instructors involved. I have completed the medical information and include details of limitations which she/he has for the activities undertaken. (This information is confidential)

SIGNED (Parent/guardian): _____ **Date:** _____