



13 November 2013

Dear Parents/Guardians,

Year 8 Overnight Camp at Mount Field

Fahan School
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CRICOS No. 00476G
ABN 69 009 575 517

On Monday 2 December, during Activities Week, the Year 8 students will be going to Mount Field and camping overnight. They will return to School by 3.30pm the following day.

The Year 8 Tutors, in consultation with Mrs Johns and me, have organised a schedule of enjoyable activities, giving the girls the opportunity to spend a relaxing time with their friends at the end of the school year.

On the back of this letter you will find a "Gear List" and a "Schedule". You will notice that tents and food will be provided but the girls do have to provide their own sleeping bag and sleeping mat.

The girls also need to return the Medical and Consent Form to their Tutor no later than Monday 25 November.

Yours sincerely,

Gary Gooley
Outdoor Education Coordinator
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(m) 0428 031 012

Year 8 Overnight Camp to Mt Field – Mon 2 & Tues 3 December

Gear List

Sleeping Bag
Sleeping mat
Rain jacket
2 x Shoes (one suitable for walking)
Day pack
Hat
Sunscreen
Head torch or hand torch
Warm clothing including a fleece and beanie
Lunch for day 1
Healthy and substantial snacks for both days
1L drink bottle
Cereal bowl, spoon & mug

Gear provided by the School

Tents
First aid kits
Insect repellent

Food

All food, other than Day 1 lunch and snacks, will be provided
Dinner – BBQ (veg. option provided)
Breakfast – cereals and fruit
Lunch – wraps with a variety of fillings

Schedule

Monday 2 December	9.00am	Leave Fahan
	10.30am	Arrive Mt Field NP, camp set-up, lunch
	1.00am	Walk via Russell Falls, Tall Trees, Lady Barron Falls
	4.00pm	Games
	6.00pm	Dinner
	8.00pm	Campfire and Glow Worm walk
Tuesday 3 December	8.00am	Breakfast
	9.00am	Pack-up camp
	9.30 am	Activity TBC
	12 noon	Lunch at New Norfolk
	1.00pm	Ice Skating at Glenorchy
	3.30pm	Return to Fahan



Consent and Medical Form

Major Excursions and Camps

- This form is to give permission for your child to attend a camp/excursion; and
- To provide medical information that might be needed in case of emergency.
- All information is held in confidence.

Excursion details	Dates From:	To:
Location:		
Description:		
Teacher in charge:		

- See attached Excursion itinerary and information

Personal details

Student's name:	Grade/Class:
Home address:	Date of birth:

Emergency contacts

Name	Relationship	Phone home	Phone work
1.			
2.			
3.			

Doctor	Phone	Address

Medicare Number	Private Health Fund	Number

Tablets and Medicine

Is your child taking any tablets and/or medicine?

Yes ☐

No ☐

If **Yes** please state name of medication, dosage, etc.

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Complete Tetanus Immunization

Yes ☐

No ☐

Date of last booster

Please tick if your child suffers any of the following:

Bed Wetting ☐

Fits of any Type ☐

Heart Condition ☐

Dizzy Spell ☐

Sleep Walking ☐

Asthma ☐

Blackout ☐

Migraine ☐

Travel Sickness ☐

Allergic to:

Penicillin ☐

Any food ☐

Other drugs ☐

Bites/stings ☐

Other Allergies

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What special care is recommended?

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Any other relevant information:

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Consent and Medical Form

Major Excursions and Camps

Consent

Medical:

In the event of accident or illness when it is impracticable or impossible to communicate with me, I understand the teacher in charge will arrange such medical or surgical treatment as may be deemed necessary.

Participation:

I consent to my child's participation in this excursion. I have been informed by the school of the arrangements made for the conduct of this excursion. I understand that the excursion includes activities that may involve some risk.

Expenses:

I agree to my child's returning home if necessary in the event of illness, injury or non-cooperation, and to pay any expenses involved or to come and collect my child from the excursion.

I agree to reimburse the school for any wanton damage caused by my child.

I agree to reimburse the school for any hospital, medical or ambulance expenses incurred by the school on behalf of my child.

Signature of Parent/Guardian:

Date:

Student Declaration

I agree to observe the rules and to co-operate with the teachers throughout the excursion.

Signed:

Date:

Personal Information Protection Statement

Personal information will be collected from you for the purpose of obtaining student details and will be used by the school for managing school excursions. Failure to provide this information may result in your child being unable to attend the excursion. Personal information will be used for the primary purpose for which it is collected and may be disclosed to health care and emergency services in the case of an emergency. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Principal.