



Beckenham Te Kura o Pūroto

Friday 26th October 2018

Dear Parents/Caregivers

Planning is well underway for the Pōhutukawa camp at Living Springs.

The programme is challenging, stimulating and safe. The activities include: archery tag, zipline, "Balanz" bikes, swimming (heated pool), farm park visit, group initiative challenges, orienteering, animal survival and recreational activities.

All children will be well supervised and all risks well managed in accordance with our Camp Safety Action Plan and the Living Springs Risk Management Strategies. It will be an exciting learning opportunity for your child.

The children will be sleeping in carpeted bunk rooms, which can be heated if required. As well as regular meals, there are three snack times during the day.

We will be leaving from the Pōhutukawa Hub on **Tuesday 13th November** shortly after the **9:00 AM** bell. After the camp, we will return to school between **2:30** and **3:00 PM** on **Thursday 15th November** (the day before Show Day). We will **wait in the hub for you** to pick your child up, along with their gear.

Thank you very much for the many offers of parental assistance. We were overwhelmed and we're sorry that we can't take everyone who volunteered. These are the parents who will accompany us:

- April Chen
- Brett Cooper
- Bridget Lester
- Bryan Pratt
- Heidi Wilton
- Howard Reid
- Iris Brookland
- Jane Morgan
- Julian Mitchell
- Karen McMillan
- Karen Stevens
- Leone Scott
- Paula Adams-Stace
- Richard Howard
- Robert Hood
- Shani Redmile
- Slade Jenkins
- Anna Clarke

*Filling our kete for the journey!
Whakarite ngā kete mō te haerenga!*

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Essential Tasks to Prepare for Camp

Medical Forms

Please complete the attached **Health Profile & Medical Consent Form** and return it to school by **Monday, 29 October**.

Medication

If your child requires personalised medication on camp, please complete the attached **Medicine Authority Form** and put it and your child's medicine in a small, clearly named zip lock bag or plastic container. Please hand the bag/container to Katie McFarlane on **Tuesday, 13th November** when you drop your child off at school.

If your child has medication that should be kept with them (e.g. an inhaler or travel sickness medication), please put this in your child's backpack and let your child's home group teacher know where it is on the morning we leave for camp.

Gear

The children need to bring:

- A **light backpack** for the first day containing:
 - A snack
 - Lunch
 - Drink bottle
 - A warm and waterproof coat
 - Sunscreen
 - Sunhat
 - Medicine that must be kept with the student (e.g. an inhaler or travel sickness medication)

- A larger **bag or suitcase** containing:
 - Toiletries – soap, toothbrush, toothpaste etc.
 - Insect repellent
 - 2 towels (shower and pool)
 - A pair of walking shoes
 - A pair of slippers or inside shoes
 - Socks
 - Underclothes
 - Long pants
 - Shorts
 - T-shirts
 - Warm jerseys or bush shirts
 - A warm hat
 - Pyjamas
 - Swimming togs
 - Lightweight (e.g. supermarket) bags for dirty clothes
 - A pillow
 - A single bottom sheet for your bed
 - A warm sleeping bag
 - A book to read (optional)
 - Games (small board games or cards only) (optional)
 - Soft cuddly toy (optional)

- If applicable, a **plastic container or ziplock bag** containing:
 - Personal medication for the camp medic to look after and administer
 - Medicine authority form

The following items **will not** be required and should not be taken on camp:

- ★ Money
- ★ iPod or MP3/MP4 players
- ★ Computers/iPads/tablets
- ★ Handheld electronic games
- ★ Torches
- ★ Chewing gum
- ★ Radios
- ★ Cell phones
- ★ Cameras
- ★ Toys
- ★ Knives

Please make sure all items are clearly named and that your child will be able to carry their bag themselves. A good idea is to **bring the gear list to camp** so that they can be checked off when we leave. If there is something you don't have, we encourage you borrow it from someone rather than buy it.

Kind regards

Nick Bruce - nick.bruce@beckenham.school.nz

Tracy Inwood - tracy.inwood@beckenham.school.nz

Katie McFarlane - katie.mcfarlane@beckenham.school.nz

Gayle McNaughton - gayle.mcnaughton@beckenham.school.nz

Please complete all three pages of this form and return it to school by **Monday, 29 October**.

Education Outside the Classroom – Health Profile & Medical Consent



Beckenham Te Kura o Pūroto

HEALTH PROFILE & MEDICAL CONSENT

ONE FORM MUST BE COMPLETED FOR EACH PARTICIPANT, INCLUDING ADULTS.
THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT, AND A COPY RETAINED BY THE SCHOOL CONTACT.

Name: _____

Medic alert number (if applicable): _____

PLEASE TICK IF YOU HAVE ANY OF THE FOLLOWING:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any kind	<input type="checkbox"/>
Chronic nosebleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Other <i>(please specify)</i>	

For overnight events

Sleepwalking	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	Other <i>(please specify)</i>	_____
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MEDICATION

Are you/your child currently taking any medication? Yes No

If yes, please provide the following information:

Health condition/s	_____
Name of medication/s	_____
Dosage and time/s to be taken	_____
Other treatment	_____

Is a healthcare plan required?
(This provides more detailed health info, contact info, and what to do in an emergency). Yes No

Have you had any major injuries (breaks or strains) or illness (e.g. glandular fever) in the last 6 months that may limit full participation in any activities? Yes No

If YES, please state the injury/illness: _____

ALLERGIES

Are you/your child allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	

What treatment is required?

When was your/your child's last tetanus injection?

Do you/your child have any special dietary requirements?

e.g. paracetamol, ibuprofen
What pain/flu medication may your child be given if necessary?

To the best of your knowledge, have you/your child been in contact with any contagious or infectious diseases in the last 4 weeks?

Yes No

If YES, please provide brief details:

Is there any information the staff should know to ensure the physical and emotional safety of you/your child?

E.g. cultural practices, disability, anxiety, fear of heights/darkness/small spaces, pregnancy, behavioural or emotional problems

Yes No

If YES, please state or attach the information:

See next page for agreement criteria and volunteer/parent's signature.

TO BE READ AND SIGNED BY THE ADULT VOLUNTEER, OR PARENT/CAREGIVER OF THE CHILD PARTICIPANT

(Tick)

- I agree that if a prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened, and handed to the designated adult with instructions on its administration.
- I will inform the school as soon as possible of any changes in my/my child's medical or other circumstances between now and the commencement of the event.
- I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense.

Name

Signature

Date

Please only complete this form if your child requires prescription or other personalised medication on camp. Then put this form along with the medicine in a ziplock bag or plastic container and give it to Katie McFarlane on the first morning of camp.

MEDICINE AUTHORITY FORM

Child's Name

Date / /

Class Teacher

Room/Level

I request that my child be given the following medication:

NAME OF MEDICINE AND DOSE

TIME(S) WHEN MEDICINE IS GIVEN

PROCEDURE FOR GIVING MEDICINE

CONDITION FOR WHICH MEDICINE IS GIVEN

Name of prescribing doctor

I accept responsibility for:

- the decision to give this medication to my child, and acknowledge that the school is in no way responsible for that decision, now or in the future
- notifying the school about any changes in dosage, time, or procedures, by filling out a new Medicine Authority form
- delivering the medication personally to school.
- ensuring that the medicine is not past its expiry date.

I accept that the school:

- may not have a trained medical officer to administer medications
- cannot guarantee that medication will be given at a precise time or by the same person.
- will dispose of any uncollected medicine at the end of the year.

Parent/guardian's name

Signature

Date / /