October 2015

Dear Parents/Guardians,

Year 7 Adventure and Discovery Camp 2016

THE SUMMIT ADVENTURE PARK

The Year 7 Camp at Vermont Secondary College aims to provide students with an experience that will help them to develop friendships with their peers and their teachers. It is a major component of the school’s Transition Program, and has been found to be one of the most effective ways for students to settle into secondary schooling quickly and easily. For this reason, it is held in Term 1.

The 2016 camp, based in the Gippsland region, will be held over a 2-day period. This camp will have the same activities as in previous years when it was a 3-day camp, which will mean an early start on the first day and a late return on the second day!

The camp dates for 2016 are:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date Range</th>
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</thead>
<tbody>
<tr>
<td>Macedon</td>
<td>Tuesday 15&lt;sup&gt;th&lt;/sup&gt; March - Wednesday 16&lt;sup&gt;th&lt;/sup&gt; March</td>
</tr>
<tr>
<td>Stirling</td>
<td>Wednesday 16&lt;sup&gt;th&lt;/sup&gt; March - Thursday 17&lt;sup&gt;th&lt;/sup&gt; March</td>
</tr>
<tr>
<td>Hotham</td>
<td>Thursday 17&lt;sup&gt;th&lt;/sup&gt; March – Friday 18&lt;sup&gt;th&lt;/sup&gt; March</td>
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</tbody>
</table>

The venue for our camp is: The Summit

21 Cemetery Road, Trafalgar East, Victoria 3824

The Summit is an outdoor adventure park with a primary focus on providing inspiring and life changing experiences through a combination of meaningful programs and powerful activities that build self-worth, character, success and happiness. For more information relating to The Summit Adventure Park camp and facilities you can visit their website www.thesummit.net.au

This camp will cost $265 in total. Payment can be made in full or by instalments. Payment in full or the first instalment is due on Orientation Day, Tuesday 8<sup>th</sup> December 2015.

All payments need to be finalised by Monday 22<sup>nd</sup> February, 2016.
The Department of Education & Training has established the **Camps, Sports & Excursions Fund (CSEF)**. This is to ensure that no student will miss out on the opportunity to join their classmates for important, educational and fun activities. This would include this camp.

CSEF will be provided by the Victorian Government to assist eligible families. If you hold a valid means-tested concession card or are a temporary foster parent you may be eligible for CSEF. The allowance will be paid to the school to use towards expenses relating to camps, excursions or sporting activities for the benefit of your child. In 2015, the annual secondary school CSEF amount per student was $225.

To apply, contact the General Office at the start of 2016 to obtain a CSEF application form or download one from [www.education.vic.gov.au/csef](http://www.education.vic.gov.au/csef) when it becomes available. More information about the CSEF is available on this website as well.

Attached to this form are:
- The Excursion Consent Form
- The Confidential Medical Information and Consent To Medical Attention form, and
- Payment form.

**These forms need to be carefully completed and returned by Orientation Day, Tuesday, 8th December, 2015. Cash payments should be taken directly to the General Office.**

If you have any queries please feel free to contact Rosemary Neilson on 9873 1077, or the school’s Bursar, Norma Cox, directly on 8872 6336.

Yours faithfully,

Tony Jacobs
Principal

Rosemary Neilson
Transition Coordinator
The Summit Consent Form

Student's Name:

Parent/Guardian Signature:

Email:

Date:

I acknowledge that the teacher in charge reserves the right to withdraw from adventure and discovery camp if the student and/ or guardian does not comply with the college values. Rule and expectations.

I hereby give permission for my son/daughter/ward to attend the 2016 Year 7 Adventure and Discovery Camp at the summit and agree to pay the costs associated with the camp in full prior to the event.

The Summit Fiy is a fully accredited and insured activity and adventurers assume no risks of the participation being

School activities, breach of these may result in my being sent home and/or exclusion from future expectations, and will follow the instruction of teachers. I release that any expectations. I agree to behave responsibly in accordance with College values and rules and regulations.

I also acknowledge that my child is responsible for any costs of their own associated with the camp.

REPEATED, WILL BE SENT HOME.

By bothcold end my permits and the other of home our college's good

ANd Am a member of the college’s Sports, Academic and Cultural Societies and agree to participate in all or some of these activities.

The Summit is a fully accredited and insured activity and adventurers assume no risks of the participation of the

I have read and understand the college’s code of conduct.

You are hereby permitted to be on the premises.

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VERMONT SECONDARY COLLEGE
CONFIDENTIAL MEDICAL INFORMATION – JUNIOR CAMPS
for school council approved school excursions

Please complete **ALL** details on **SECTIONS A, B, C, D & E**

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

**SECTION A: STUDENT DETAILS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>House/Form</td>
<td></td>
</tr>
<tr>
<td>Parent's/Guardian's Full Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td></td>
</tr>
<tr>
<td>Tel. (Home)</td>
<td></td>
</tr>
<tr>
<td>(Business)</td>
<td>Mobile No:</td>
</tr>
<tr>
<td>Emergency Contact (Name):</td>
<td></td>
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<tr>
<td>Tel No. 1 (After Hours):</td>
<td></td>
</tr>
<tr>
<td>Tel No. 2 (Business Hours):</td>
<td></td>
</tr>
<tr>
<td>Name of Family Doctor:</td>
<td></td>
</tr>
<tr>
<td>Tel No:</td>
<td></td>
</tr>
<tr>
<td>MEDICARE NO:</td>
<td></td>
</tr>
<tr>
<td>Ambulance Subscriber No:</td>
<td></td>
</tr>
<tr>
<td>Medical/Hospital Insurance Fund Name:</td>
<td></td>
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<tr>
<td>No:</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION B: CONSENT TO MEDICAL ATTENTION**

**CONSENT TO MEDICAL ATTENTION**

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: __________________________ Date: __________________________

The DET requires this consent to be signed for all students attending camps / school excursions.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department is found liable (liability is not automatic). Parents can purchase student incident insurance cover from a commercial insurer if they wish to.

P.T.O.
MANAGEMENT PLAN with Sick Day

FOR ANAPHYLAXIS OR DIABETES please check the current self-management plan, please check the current medication plan.

If yes, please provide details of special care required.

Section C: Medical Condition Details

When and how to be taken

Specified drugs requiring special care required.

Medical Condition

If you answered Yes to any of the conditions listed in Section C, including allergic

Section E: Medical Condition Details

If you are allergic to any of the medications, list the name of the medication in the space provided.

If yes, please provide details of special care required.

Assistant
Payment for:  YEAR 7 CAMP 2016

Student’s name __________________________ House/Form _____

PAYMENT METHOD:-  Please indicate your preferred payment option below

Full Payment of $265  □ Yes  -  Cash/Cheque □  Direct Deposit □  Credit Card □

Payment due by the 8th December, 2015

OR

Instalment Payment  □ Yes  -  Cash/Cheque □  Direct Deposit □  Credit Card □

1st instalment due 8 December, 2015 $135
2nd instalment due 22 February, 2016 $130

A reminder invoice for the 2nd instalment will be sent to you prior to the due date

PAYMENT BY DIRECT DEBIT

BSB: 313140  ACCOUNT NUMBER: 12050892
ACCOUNT NAME: VERMONT SECONDARY COLLEGE

Please ensure that any payments made by Direct Debit include the student initial and surname followed by ‘YR7CAMP’ e.g. "JSMITHYR7CAMP"

PAYMENT BY CREDIT CARD:

I authorise instalments for the above amounts to be deducted from my credit card on the above dates.

Signed: .................................................................

PAYMENT BY CREDIT CARD

Mr/Mrs/Miss/Ms_________________________________________________________ Tel. No. ______________

Address ________________________________________________________________

Payment Method  □ Mastercard  □ Visa

Card No. ________________  CCV No. ________________

Expiry Date ________  Signature: __________________________

$ ________________