



Caritas COLLEGE

12 March 2024

Re: Year 7 Camp – Wednesday 3 April – Friday 5 April
CU@Wallaroo 8-10 John Terrace, Wallaroo

Dear Families

On Wednesday 3 April all Year 7 students will participate in a two-night camp to Wallaroo.

This camp will focus on teamwork, communication, and resilience building activities. Ms Toni Freer will be supported by home class teachers in facilitating the three-day programme where students will be supported to build positive relationships.

On Wednesday morning students will meet home class teachers on Woodforde Street at 8:45am for a 9:00am departure. They will then travel by bus to the Moonta Splash Town before arriving at the Wallaroo accommodation. While in Wallaroo students will participate in a range of beach challenges (weather dependent) and various team games back at the accommodation.

Please note the following details to ensure that all students are well prepared for this experience.

Dates: Wednesday 3 April – Friday 5 April
Location: CU@Wallaroo 8-10 John Terrace, Wallaroo
What to bring: Refer to the 'Items to bring on camp' form attached

Electronic equipment such as i-Pods, cameras and mobile phones are NOT permitted, in support of our cyber safety policy. School cameras will be available for use throughout the duration of camp.

Itinerary

Wednesday	
8.45am	Students to arrive at school by Morning Home Class. Meet teachers on Woodforde Street
9:00am	Bus leaves
	Short recess break in Port Pirie
12 noon	Splash Town – Moonta Lunch
3:00pm	Depart Moonta
	CU@Wallaroo accommodation
Thursday	
11am	Kadina Mini Golf
	Wallaroo <ul style="list-style-type: none">- Beach games + swim (enclosed swimming area- optional)- Activities at accommodation
Friday	
10:30am	Depart Wallaroo
	Lunch in Port Pirie
	Arrive at Caritas College 2:00pm

In case of emergency only, students may be contacted through the school excursion phone number on 0417 866 188 (calls only, SMS not available).

If the camp is to be cancelled due to forecast weather families will be notified via text message.

If you require further information or have any queries, please contact your child's class teacher.

Please complete the attached Student Consent and Medical form and return to your child's class teacher by Monday 18 March.

Yours sincerely



Toni Freer
7-9 Learning & Wellbeing Director



Damian Smith
Principal

Packing list:

	WHAT TO WEAR ON WEDNESDAY
	Bathers
	Collared shirt / rash vest
	Shorts / boardshorts
	Appropriate footwear for water play
	DAY PACK
	Towel
	Sunscreen
	Bucket hat
	Packed recess
	Packed lunch
	Water bottle
	BEDDING
	Pillow
	Sleeping bag or sheets
	Extra quilt or rug if you wish
Students will be allocated dorms according to their suggestions and choose between top or bottom bunks in the dorm.	
	TOILETRIES
	Soap
	Brush
	Toothbrush
	Toothpaste
	Towel
	Tissues
	Sanitary items
	CLOTHING
	2x collared t-shirts
	2x socks
	3x underwear
	2x long pants / shorts
	Closed in shoes
	Pyjamas
	1x Jumper
	ESSENTIALS
	Torch
	Small pencil case
	Mosquito repellent
	Plastic bag for wet clothes
	Book / quiet game
	Medication (to be given to home class teacher)

Reminder:

- Label all items clearly.
- Students are not to bring chewing gum, cameras, computer games, phones or ipods.
- Any medication clearly labelled should be handed to teachers before departure.
- Limited snacks.



STUDENT CONSENT AND MEDICAL FORM

Excursion: Year 7 Camp – Wednesday 3 April – Friday 5 April

Student Name: Class:

- ☐ I give consent for my child to take part in Year 7 Camp at Wallaroo.
- ☐ I give consent for staff and instructors have my authority to take whatever action they think necessary to ensure the safety, well-being and successful conduct of the students as a group or individually in the above-mentioned activity.
- ☐ If my child becomes ill or is accidentally injured, the school may obtain on my behalf whatever medical treatment my child needs. I will pay all such medical expenses.
- ☐ I give consent for my child to travel in a private vehicle if required.

On Friday my child will

- ☐ walk home at approx. 2:00pm
- ☐ be collected at approx. 2:00pm by _____
- ☐ require supervision until 3:00pm

- ☐ I have completed the required information as asked about my child's health. To the best of my knowledge this is accurate information.

Parent Signature: Date:

FOR EMERGENCY USE ONLY

Emergency contact details		
	Emergency Contact 1	Emergency Contact 2
Name:		
Relationship:		
Home Phone #		
Work Phone #		
Mobile Phone #		

Student Details			
Home Address:		Date of Birth:	
Name of Family Doctor/Clinic		Phone #	
Other Medical Specialist treating your child:		Phone #	
Medicare No:		Private Health Fund:	

For student wellbeing, please complete the following information:

Is there medical conditions the school should know about caring for your child? ☐ Yes ☐ No

☐ Allergies ☐ Asthma ☐ Convulsions / Seizures ☐ Diabetes ☐ Other

If so, please give details:

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Does the school hold a current Health Care Plan for your child? ☐ Yes ☐ No

Has your child had a tetanus immunization? ☐ Yes ☐ No Date of last injection:

Has your child ever had penicillin? ☐ Yes ☐ No Is he/she allergic to penicillin? ☐ Yes ☐ No

Is your child allergic to any other drug/medicine? ☐ Yes ☐ No

If so, which drug?

Does your child have any regular prescribed medicine? ☐ Yes ☐ No

Name of Medication(s)	Dose	When to be taken	Possible side effects

Note: Any additional medication (ie not held at the school) required during the time your child is away should be handed to a leader on the day prior to departure. The following information needs to be included with / on the medication: name of the child, the amount to give for each dose, what time to give it and how it is to be given.

Is there anything you know about your child's health that means he or she should have only limited physical activity? ☐ Yes ☐ No

If so, give details:

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Does your child have a special diet because of health problems? ☐ Yes ☐ No

If so, give details:

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Is there any other information which might help us to care for your child? ☐ Yes ☐ No

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