

# WBPS YEAR 6 CAMP

Nanga Bush Camp, Dwellingup

Parent and Student Information Pack



9<sup>th</sup> – 11<sup>th</sup> September

# 2020

This camp pack outlines the purpose, cost breakdown, important information and camp itinerary.

Please return the permission, parent helper, dietary requirements and Student Health Care Summary forms to Administration by **Tuesday 11<sup>th</sup> August.**

Camp meetings with the students will be held during Term 3 to answer any further questions they may have.



## **WBPS YEAR 6 SCHOOL CAMP 2020**

Dear Parents/Carers and Students,

The WBPS Year 6 Camp this year will be held at Nanga Bush Camp in Dwellingup from Wednesday 9<sup>th</sup> September until Friday 11<sup>th</sup> September, 2020.

The camp builds on the positive relationships, team dynamics and cooperative skills that have been developed between our senior students. While on camp, the students will enhance their leadership skills and awareness of themselves and others. They will participate in activities to improve their problem solving abilities and communication skills. Through this shared experience, the students will make new friends, be challenged, provide support to each other and have lots of fun!

The students will participate in a range of activities that they may not usually have access to in their day to day schooling. Some of these activities include: ziplining, a low ropes course, raft building, and flat water rafting. This is a perfect opportunity for the students to be out of their comfort zone and to take risks while being surrounded by their supportive peers. Students will be given time to complete a camp booklet, as both a keepsake and an opportunity to reflect on the experiences they have been involved in.

In the past, a number of students have opted out of attending camp. While the decision is ultimately made between you and your child, it is important to consider the camp experience; the personal gains, memories, the new friends that are made and the celebrations together. In previous years, feedback has generally suggested that the end, these outweigh any nerves or anxiety the students may have leading up to it. Camp is always a memorable experience, and remains a topic of conversation for days, weeks, months and years after it takes place.

The WBPS Year 6 School Camp is a wonderful opportunity, one of their 'last hurrahs' in primary school, an important transition, and a privilege. We are all very much looking forward to sharing this experience with your child.

Kind regards,

Megan Meldrum  
Camp Coordinator  
West Byford Primary School  
3<sup>rd</sup> August, 2020



### **COST**

The total cost must be paid in full to Administration by Wednesday 2<sup>nd</sup> September, 2020. If you foresee difficulties paying the full amount please contact Danielle Meyn, Manager Corporate Services to discuss a payment plan.

The cost of the camp is **\$350.00** per student. An approximate breakdown of the costs is as follows:

Accommodation	\$ 90
Bus	\$ 26
Food	\$ 84
Activities	\$ 150
<b>Total</b>	<b>\$ 350</b>

### **DATE AND TIME**

Depart: 9:00 am, Wednesday 9<sup>th</sup> September, from West Byford Primary School

Return: 2:30 pm, Friday 11<sup>th</sup> September, to West Byford Primary School.

### **LOCATION**

Nanga Bush Camp, Dwellingup.

### **TRANSPORT ARRANGEMENTS**

Students will travel to and from the school and camp by bus.

### **STUDENT CONTACT ARRANGEMENTS DURING CAMP**

**No student mobile phones will be allowed on camp.** If there is an emergency and you need to contact your child, you can contact the school on 9550 6000 during business hours. If you need to contact your child outside of business hours, please contact:

Miss Cleo Jenkins: 0427 697 273

Mrs Chloe Scardetta: 0488 031 404

Mr Liam Parkinson: 0414 369 540

Miss Megan O'Driscoll: 0424 087 508

Mrs Megan Meldrum: 0431 894 482

### **SUPERVISION TO BE PROVIDED**

WBPS staff attending: Miss Cleo Jenkins (Deputy Principal), Mrs Chloe Scardetta (T10), Mr Liam Parkinson (T5), Miss Megan O'Driscoll (T11), Mrs Megan Meldrum (T6), Mrs Tracey Rafferty (EA), Miss Ashley Finnigan (Chaplain), and up to 5 parent helpers (yet to be confirmed).

If any parents are interested in being a parent helper on camp, please fill in and submit the Parent Helper Expression of Interest form in this pack.

### **STAFF ACTION IN CASE OF ACCIDENT OR ILLNESS ON THE EXCURSION**

In the case of an accident or illness on camp, the child's parents and school will be contacted immediately. While on camp, we have access to medical treatment and a hospital, should the need arise. All Adventureworks WA staff members are Senior First Aid trained, hold Working with Children Checks and have relevant water and specialised qualifications. Peel Health Campus is 45 minutes away. A camp First Aid Kit is available. Individuals are encouraged to have Ambulance Cover as a Priority 1 or 2. The callout fee is upwards of \$975.00+, payable by the parents.

### **STUDENT ACCOMMODATION**

Students are grouped by the Year 6 teachers.

The accommodation we stay in at Nanga Bush Camp is comprised of The Woodshed, a large multi-dorm shed with a kitchen and male/female bathrooms downstairs. Nearby, The Gallery (affectionately renamed *The Chateau* by WBPS staff) is a large cavernous room fitted with bunkbeds and a private bedroom for school staff.

### **ACTIVITIES**

Students may be involved in the following activities:

- Raft Building
- Low Ropes Course
- Zipline
- Flat Water Rafting

Campsite staff will take responsibility for the technical and related safety of students whilst completing organised activities only. WBPS staff attached to the activity groups assist with the supervision and behaviour management of students during these activities. Students will be strongly encouraged to participate in all activities, but they will not be forced to partake if they do not feel comfortable doing so.

### **BEHAVIOUR**

Students may be excluded from attending camp based on their behaviour at school, as per the WBPS Excursion Policy. If this occurs, parents will be notified. At camp, students will be required to uphold the WBPS TRACK Agreements. If a child's behaviour escalates or if they repeatedly put their own or others' safety at risk, parents will be contacted by Miss Cleo Jenkins (DP) and may be required to collect their child from the camp site. Please talk to your child about this at home.

### **STUDENT DUTIES WHILE ON CAMP**

All students will need to perform some chores whilst on camp. These include:

- Breakfast, lunch and dinner dining room tidy up and dishes
- Dormitory cleaning
- Sweeping bathrooms

A roster system will be in place, so that all children have equal duties. Students will be required to do their tasks to a satisfactory level before they can take part in the rest of the day's activities.

### **STUDENT MEDICATION**

The attached Student Health Care form must be completed and returned including if students wish to bring medication on camp. This includes travel sickness medicine and Panadol. All medicines MUST be clearly labelled and given, with written instructions, to Administration **prior** to departure on Wednesday 9<sup>th</sup> September. Students **SHOULD NOT** carry or administer any medication whilst on camp.

### **WHAT DO I NEED TO PACK?**

Below are the items your child needs to bring on camp. All items are the responsibility of the owners and need to be **CLEARLY LABELLED**. Students are only permitted to bring one bag and they may bring a pillow if they wish. Please keep in mind; it is not a fashion parade. Old clothing is more appropriate. To make sure you have packed everything, please use the checklist provided.

## **PACKING CHECKLIST**

<b>WHAT TO BRING</b>	<b>TICK</b>
Hat	
Pyjamas	
Drink bottle	
Sunscreen & insect repellent	
4 – 5 changes of clothing. At least 2 pairs of long pants, 2 t-shirts, a jumper and a jacket. Strappy tops, 'short' shorts and singlets are not appropriate for daily activities	
4 – 5 pairs of socks and underwear	
2 pairs of sensible walking shoes (one pair may get wet)	
A pair of thongs to wear in the shower	
Personal items i.e. soap, toothbrush, tissues, tooth paste, roll on deodorant and hair brush	
2 towels	
1 labelled tea towel	
Raincoat	
Bottom sheet & sleeping bag	
Morning tea, lunch and afternoon tea (Day 1)	
Plastic bags for wet/dirty laundry	
<b>OPTIONAL</b>	<b>TICK</b>
Pillowslip & pillow (optional – Nanga provides one pillow)	
Disposable camera or digital camera (at your own risk)	
Pencil case with coloured pencils/textas to complete Camp Activity Booklet	
A book to read	

## **ITEMS NOT PERMITTED ON CAMP**

Under no circumstance are the following items permitted on camp.

- Mobile phones, iPhones, Game-Boys or DS consoles
- Jewellery, make-up, nail polish
- Expensive cameras, money
- Anything in an aerosol can
- Electrical appliances i.e. hair driers, hair straighteners
- Lollies, chocolate, junk food, bubble-gum/chewing gum

If a student brings any of these items, they will be confiscated and returned to the student upon arriving back to school. We appreciate your support with this matter.

## CAMP ITINERARY

Day	Time	Activity
<b>1</b>	8:15 am	Assemble in the Undercover Area with bag and pillow <i>(optional)</i>
	8:30 am	Wave goodbye ▪ Attendance ▪ Teacher briefing
	9:00 am	Depart WBPS
	10:30 am	Arrive at Nanga Bush Camp ▪ Unpack bus Welcome brief ▪ MORNING TEA <i>(provided by students)</i>
	11:00 am	Introduction to camp booklet ▪ camp groups and chores schedule.
	11:30 am	Settle into accommodation ▪ LUNCH <i>(provided by students)</i>
	<b>1:00 pm</b>	<b>AdventureWorks Welcome Ceremony</b> Introduction to AdventureWorks ▪ Icebreaker activities ▪ Safety brief
	<b>1:45 pm</b>	<b>Adventureworks Activity Session One</b>
	3:15 pm	Free time ▪ AFTERNOON TEA <i>(provided by students)</i>
	<b>3:45 pm</b>	<b>Adventureworks Activity Session Two</b>
	5:30 pm	Dorm cleaning ▪ Showers ▪ Quiet time
	6:00 pm	DINNER ▪ Clean up/dishes
	<b>7:00 pm</b>	<b>Teacher Activity</b>
	8:45 pm	SUPPER ▪ Smiling Mind
	9:00 pm	Teeth/Toilet
9:15 pm	Lights out	
<b>2</b>	6:15 am	Wake up
	6:30 am	BREAKFAST ▪ Clean up/dishes
	7:45 am	Camp Group Meeting
	<b>8:00 am</b>	<b>Adventureworks Activity Session Three</b>
	9:45 am	MORNING TEA
	<b>10:15 am</b>	<b>Adventureworks Activity Session Four</b>
	12:00 pm	LUNCH
	<b>1:00 pm</b>	<b>Adventureworks Activity Session Five</b>
	2:45 pm	AFTERNOON TEA
	<b>3:15 pm</b>	<b>Adventureworks Reflection &amp; Recognition Session</b>
	3:45 pm	Dorm cleaning ▪ Showers ▪ Quiet time
	5:00 pm	Camp Group Meeting ▪ Camp Booklet
	6:00 pm	DINNER ▪ Clean up/dishes
	<b>7:00 pm</b>	<b>Teacher Activity</b>
	8:45 pm	SUPPER ▪ Smiling Mind
9:00 pm	Teeth/Toilet	
9:15 pm	Lights out	
<b>3</b>	7:00 am	Wake up ▪ Showers
	8:00 am	BREAKFAST ▪ Clean up/dishes
	9:00 am	Pack up ▪ Tidy dorm ▪ Clean accommodation
	10:00 am	Dorm inspections ▪ MORNING TEA
	<b>10:30 am</b>	<b>Teacher Activity Session</b>
	12:00 pm	Camp Group Meeting ▪ Camp Booklet
	12:30 pm	LUNCH
	1:00 pm	Depart Nanga Bush Camp
	2:30 pm	Arrive at WBPS ▪ Sort lost property ▪ Dismissed* * All students must be collected by an adult from the Undercover Area. It is not appropriate for students to walk/ride home.



**This form and the Student Health Care Summary needs to be filled in and returned to Administration by Tuesday 11<sup>th</sup> August 2020.**

**DIETARY REQUIREMENTS**

Please tick the box(s) that apply.

My child has no dietary requirements

- Peanut Allergy       Tree Nut Allergy       Egg Allergy       Milk/Dairy Allergy
- Seafood Allergy       Sesame Allergy       Coeliac Disease       Soy Allergy
- Fish/Shellfish Allergy       Sesame Allergy       Vegetarian       Vegan
- Gluten/Wheat Intolerance       Other (Please Specify):

.....

Do you require Halal or Kosher meals?  YES  NO

(Please specify).....

**YEAR 6 NANGA BUSH CAMP PERMISSION**

My child is not attending camp and I have discussed this with the teacher and/or Deputy Principal.

I give permission for my child \_\_\_\_\_ Class \_\_\_\_\_ to attend the Year 6 Nanga Bush Camp occurring 9<sup>th</sup> – 11<sup>th</sup> September 2020.

I confirm I have read all information as outlined in the Camp Information Pack 2020 and discussed all information with my child. I confirm the information on the enclosed Student Health Care Summary form is correct and the camp will be paid in full no later than Wednesday, 2<sup>nd</sup> September.

Parent name: \_\_\_\_\_ Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PARENT HELPER EXPRESSION OF INTEREST**

Please sign and return this form, if interested, to your child’s classroom teacher by the 11<sup>th</sup> August.

I, \_\_\_\_\_, mother / father of \_\_\_\_\_  
would like to volunteer to be a parent helper at the 2020 Year 6 Nanga Bush Camp on the  
9<sup>th</sup> – 11<sup>th</sup> September.

I understand the following, prior to attending the camp (please tick):

I will not receive remuneration for volunteering.	<input type="checkbox"/>
All food, accommodation and transport will be provided (with the exception of morning tea, lunch and afternoon tea on the first day).	<input type="checkbox"/>
I won't be in the same grouping as my child.	<input type="checkbox"/>
I will not leave the camp, unless there is an emergency.	<input type="checkbox"/>
The decision of which parents attending camp is final and decided by staff and Administration.	<input type="checkbox"/>
<i>If successful, I will need to follow and sign the WBPS Code of Conduct.</i>	<input type="checkbox"/>
<i>If successful, I will need to provide a copy of my Working With Children Check (WWCC).</i>	<input type="checkbox"/>
<i>If successful, I will need to provide a copy of my Health Care Summary.</i>	<input type="checkbox"/>

**Please circle your current WWCC situation:**

I have a WWCC card ▪ I have a WWCC process receipt ▪ I don't have a WWCC card or receipt

**Please provide the following information:**

Current occupation: \_\_\_\_\_

School camp experience (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School volunteer experience (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents who have expressed interest will be notified with a letter if they are successful or unsuccessful. We appreciate your ongoing support with our school events!

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## FORM 1 – STUDENT HEALTH CARE SUMMARY

### SECTION A

School: West Byford Primary School	Year:	Form:	Teacher:
Student's Name:	Date of Birth:		
Address:	Gender:		

<b>FAMILY CONTACT DETAIL</b>	<b>MEDICAL DETAILS</b>
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Parent 1 Name:	Medical Practice:
Relationship to student	Doctor 1: Telephone:
	Doctor 2: Telephone:
	Dental Practice: Telephone:
	Name of Dentist: Telephone:
Address:	I give permission for the school to seek medical/dental attention for my child as required. Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance Provider: <b>If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.</b>
Parent 2 Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Relationship to student:	
Address:	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date Card Number
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care): Card Number: Expiry Date:

### ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.  
**Long term medication** – Complete the *Medication* section of the relevant health care plan – see below.  
**Short term medication** - Request an *Administration of Medication* form to complete and return to the principal or class teacher.  
**Note:** All medication required must be supplied by parents/carers

### INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.  
 Do you give permission for the school to share your child's health care information? **Yes  No**   
**Note:** If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.  
 If no, and the information is to be restricted, who can be informed of your child's health care information? \_\_\_\_\_  
 Does your child have one or more health condition(s) that will **require support** from school staff?  
 No  - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Yes  - complete the remainder of this form and return to the school office. You will be given additional forms to complete.  
 List your child's health condition(s): \_\_\_\_\_

### SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF (In response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Conditions or Needs (Please specify)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, advise the Principal

**Student Name:**

**Date of Birth:**

**School:** West Byford PS

**SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN**

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's "medical details and photo" to be on view for staff. Yes  No

If yes, please attach photo to the relevant health care plan(s).

**SECTION D: MEDIC ALERT INFORMATION**

Does your child have a Medic Alert bracelet or pendant? Yes  No

If yes, provide details: \_\_\_\_\_

Signature:

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Care Name: \_\_\_\_\_

**ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS**

**Note: Where appropriate students should be encouraged to participate in their health care planning.**

**Office Use Only**

Does the child have an allergy that needs to be flagged on SIS? Yes  No  Date:

Have relevant health care plans been issued to the parent? Yes  No  Date:

Has the Principal been informed if:

• specific training is required to support the student? Yes  No

• the student's health care information is to be restricted? Yes  No

Date *Student Health Care Summary* was completed and uploaded on SIS: / /