

Woodman Point Recreation Camp, Woodman Point $15^{th} - 17^{th}$ August 2022

West Byford Primary School 18th – 19th August 2022



This pack outlines the important information and itinerary for Wicked Week.

Please return the permission, dietary requirements and Student Health Care Summary forms to Administration by **20**th **July 2022**.

Wicked Week meetings with the students will be held at the start of Term Three to answer any further questions they may have.



WBPS YEAR 6 WICKED WEEK 2022

ACTIVITIES

Students will be involved in various activities that are designed to challenge them and develop their problem-solving skills. 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.

STAFF & STUDENT CONTACT ARRANGEMENT WHILE AT WOODMAN POINT

No student mobile phones will be allowed. If there is an emergency, you can contact the school on 9526 6550 and the school will contact the relevant members of staff.

SUPERVISION TO BE PROVIDED

WBPS staff attending: Miss Cleo Jenkins (Deputy Principal), Mrs Chloe Scardetta (Q4), Mrs Hayley Panizza (Q1), Miss Megan O'Driscoll (Q3), Mr Liam Parkinson (Q2), Mrs Danielle Bastick (HPE), Mrs Ashley Finnigan (Chaplain), up to 7 parent helpers (yet to be confirmed), and facilitators at Woodman Point.

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 at Woodman Point, we have access to medical treatment and a hospital, should the need arise. All facilitators at Woodman Point Recreation Camp are Senior First Aid trained, hold Working with Children Checks, and have relevant water and specialised qualifications. Fremantle Hospital is 13 minutes away. A First Aid Kit is always 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.

BEHAVIOUR

Students may be excluded from attending Wicked Week based on their behaviour at school, as per the WBPS Excursion Policy. If this occurs, parents will be notified. At Woodman Point Recreation 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.

<u>STUDENT MEDICATION</u>
The attached Student Health Care Summary form must be completed and returned including if students wish to bring medication; this includes asthma inhalers and pain killers. All medicines MUST be clearly labelled and given, with written instructions, to Administration by Monday 8th August. Students **SHOULD NOT** carry or administer any medication.



ACTIVITIES AND TRANSPORT

Day	Location	Key information
Monday 15 th August	Woodman Point	Students will complete the same activities they would have on camp. The activities will be made known to the students when they arrive. To ensure they get a full day of activities, the bus will be leaving at 8:15am. Students will need to be at school no later than 8:00am. A student who misses the bus will need to be taken to Woodman Point by their guardian. All food will be catered. Students will return to school approximately 3:40pm.
Tuesday 16 th August	Woodman Point	Please see above, this will run the same as Monday.
Wednesday 17 th August	Woodman Point	Please see above, this will run the same as Monday.
Thursday 18 th August	WBPS	Students will engage in fun team-building activities with the Year Six teachers. The details of these activities will be revealed to the students on the day. Recess and Lunch is BYO
Friday 19 th August	WBPS	Students will engage in fun team-building activities with the Year Six teachers. The details of these activities will be revealed to the students on the day. Recess is BYO; however, lunch will be provided by the school.



CLOTHING

Students are permitted (and encouraged due to the nature of the activities) to wear free dress for the entire week. The requirements of what to wear/pack each day are outlined below. Please check the table each day to ensure your child is adequately prepared.

Day	What to wear	What to pack
Monday 15 th August	Bathers underneath	- hat (school or other)
	*sun-safe clothing and	- towel
	sneakers.	- thongs
		- sunscreen
		- water bottle
Tuesday 16 th August	Bathers underneath	- hat (school or other)
	*sun-safe clothing and	- towel
	sneakers.	- thongs
		- sunscreen
		- water bottle
Wednesday 17 th August	Bathers underneath	- hat (school or other)
	*sun-safe clothing and	- towel
	sneaker	- thongs
		- sunscreen
TI I AOth A		- water bottle
Thursday 18th August	*Sun-safe clothing	- hat (school or other)
		- Crunch 'n' Sip
		- recess
		- lunch
Friday 40th Assessed	*0	- water bottle
Friday 19 th August	*Sun-safe clothing	- hat (school or other)
		- Crunch 'n' Sip
		- recess
		- water bottle

^{*}Sun-safe clothing has sleeves (no spaghetti straps) and a high neckline.

ITEMS NOT PERMITTED

Under no circumstance are the following items permitted:

- Mobile phones or Smart watches.
- Jewellery, make-up or nail polish
- Expensive cameras or money
- Anything in an aerosol can
- Lollies, chocolate, junk food or 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.

Yours sincerely

Megan O'Driscoll
Year 6 Team Leader & Camp Co-ordinator

30 June 2022

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This form and the Student Health Care Summary needs to be filled in and returned to Administration by Wednesday 20th July 2022.

DIETARY REQUIREMENTS

Please tick the box(s) that apply.				
\square My child has no dietary requirements				
 □ Peanut Allergy □ Seafood Allergy □ Sesame Allergy □ Fish/Shellfish Allergy □ Gluten/Wheat Intolerance □ Other (Pleas 	□Coeliac Disease □Vegetarian	□Milk/Dairy Allergy □Soy Allergy □Vegan		
Do you require Halal or Kosher meals? □YES □NG	0			
(Please specify)				
VEAR C WOODMAN ROINT RECR	FATION CAMP DEDI	MISSION		
YEAR 6 WOODMAN POINT RECR	EATION CAMP PERI	WII 5 5 I U II		
Please tick one option below:				
☐ I give permission for my child Class <u>to attend</u> the Year 6 Woodman Poir Tuesday 16 th August, and Wednesday 17 th August, 2	nt Recreation Camp or	n Monday 15 th August,		
☐ My child		is not attending August, and Wednesday		
I confirm I have read all information as outlined in the Wicked Week Information Pack 2022 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 Friday, 29 th July 2022.				
Parent name:	_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:				
FAMILY CONTACT DETAIL	MEDICAL DETA	NLS .			
Parent 1 Name:	Medical Practice				
	Doctor 1:		Telephone:		
Relationship to student	Doctor 2:		Telephone:		
	Dental Practice: Name of Dentist		Tolonhana		
Address:			Telephone to seek medical/dental attention for my child as required.		
, tadiooo.	Yes □ No □		to cook modical attention for my office do required.		
Telephone: (W)			nce? Yes ☐ No ☐ Insurance Provider:		
(H)		dical emergency	cy, parents/carers are expected to meet the cost of an		
(M) Parent 2 Name:	ambulance.	l information tha	at could affect your child in an emergency e.g. allergy to		
r dront 2 Name.	penicillin.	ii iiioiiiiattoii tiia	at could affect your crima in an emergency e.g. affergy to		
Relationship to student:	·				
Address:	Health care card	: Yes □ No □	Expiry Date		
	Card Number				
Telephone: (W)	Medicare No. (If	required – for ch	hildren requiring regular emergency care):		
(H)	Card Number:	required – for cr	Expiry Date:		
(M)			L 7		
ADMINISTRATION OF MEDICATION					
Written authorisation must be provided for staff to adm					
Long term medication – Complete the <i>Medication</i> se Short term medication - <i>Administration of Medication</i>					
Note: All medication required must be supplied by pa		and return to the	e nont onice.		
INFORMED CONSENT					
Your child's health care information will be shared with					
Do you give permission for the school to share your ch					
	alternative educati	on program, this	s 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 <i>require support</i> from school staff?					
No \square - 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 IND	ICATE YOUR CHILD	S CONDITION(S	S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF		
(In response to the information below, you will be give	n further forms for	specific health co			
Health Conditions	Т	ick health cond	support your child?		
Severe Allergy/Anaphylaxis			YES NO		
Minor & Moderate Allergies			YES NO		
Diabetes Seizures			YES □ NO □ YES □ NO □		
Asthma			YES NO		
Activities Of Daily Living		Ħ	YES NO		
Other Conditions or Needs (Please specify)					
			YES □ NO □		
		<u> </u>	YES NO NO		
Has your child's Medical Practitioner provided a health	care plan to assis	t the school to m			
the condition?	. 53.0 plan to 40010		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	I 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 flagge	ed on SIS? Yes □	No □ Date:		
Have relevant health care plans been issued to the pa	arent? 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 rest	ricted? Yes 🗆	No □		
Date Student Health Care Summary was completed and uploaded on SIS: / /				

FORM 3 - ADMINISTRATION OF MEDICATION

Note: Long term administration of medication should School:	d be incorporated in a health care plan. Year: Form:			
	Todi. Tollii.			
Students Name:	Date of Birth:			
Family Contact Details Address:	Gender:			
Telephone No:	Teacher:			
Section A: Medication Instructions – To be com	pleted by parent/carer (Note: Medication	n must	be provided by parents/carers	s)
_	Medication 1		Medication 2	
Name of medication				
Expiry date				
Dose/frequency – (may be as per the pharmacist's label)				
Duration (dates)	From: To:		From:	
Route of administration	10.		10.	
Administration Tick appropriate box	By self Requires assistance		By self Requires assistance	
Storage instructions	Stored at school		Stored at school	
Tick appropriate box(es)	Kept and managed by self	Kept and managed by self		
	Refrigerate		Refrigerate	
	Keep out of sunlight		Keep out of sunlight	
	Other		Other	
Will staff need to be trained to administer your child's medication	on? Yes No If yes, describe the ty	pe of tra	ining the staff would require:	
Section B – Authority to Act				
This administration of medication form authorises school staff to noted above.	o follow my/our advice and/or that of our medical p	ractition	er. It is valid for the specified time pe	eriod as
Parent/Carer:	Date:			
OFFICE USE ONLY		_		
Date received:				
Is specific staff training required? Yes No [-to-ad-	
Training service provider:	Name of person/s t	o de tr	ainea:	
Date of training: When this course of medication concludes, please i	retain this form in the student's school file.		FORM 3 PAGE	