



West
Byford
PRIMARY

WBPS YEAR 6 WICKED WEEK

Woodman Point Recreation Camp, Woodman Point
15th – 17th 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 **20th 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.

STUDENT MEDICATION

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 *sun-safe clothing and sneakers.	- hat (school or other) - towel - thongs - sunscreen - water bottle
Tuesday 16 th August	Bathers underneath *sun-safe clothing and sneakers.	- hat (school or other) - towel - thongs - sunscreen - water bottle
Wednesday 17 th August	Bathers underneath *sun-safe clothing and sneaker	- hat (school or other) - towel - thongs - sunscreen - water bottle
Thursday 18 th August	*Sun-safe clothing	- hat (school or other) - Crunch 'n' Sip - recess - lunch - 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.

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 WOODMAN POINT RECREATION CAMP PERMISSION

Please tick one option below:

I give permission for my child _____
Class _____ **to attend** the Year 6 Woodman Point Recreation Camp on Monday 15th August, Tuesday 16th August, and Wednesday 17th August, 2022.

My child _____ Class _____ is **not attending** Woodman Point Recreation Camp on Monday 15th August, Tuesday 16th August, and Wednesday 17th August, 2022.

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, 29th July 2022.

Parent name: _____ Parent signature: _____

Date: _____

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: / /

FORM 3 - ADMINISTRATION OF MEDICATION

This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.
 Note: Long term administration of medication should be incorporated in a health care plan.

School: _____ Year: _____ Form: _____

Students Name: _____ Date of Birth: _____

Family Contact Details Address: _____ Gender: _____

Telephone No: _____ Teacher: _____

Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)

Name of medication	Medication 1		Medication 2	
	Expiry date			
Dose/frequency – (may be as per the pharmacist's label)				
Duration (dates)	From : To:		From : To:	
Route of administration				
Administration Tick appropriate box	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Will staff need to be trained to administer your child's medication? Yes No If yes, describe the type of training the staff would require: _____

Section B – Authority to Act

This administration of medication form authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.

Parent/Carer: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Is specific staff training required? Yes No : _____ Type of training: _____
 Training service provider: _____ Name of person/s to be trained: _____

Date of training: _____

When this course of medication concludes, please retain this form in the student's school file.