Gear Checklist – Children (Based on a 3 day camp)

PLEASE CLEARLY NAME ALL ITEMS
MEDICATION NEEDS TO BE GIVEN TO THE ORGANISING TEACHER

- It is a good idea for students to pack their own bags so that they can re pack for the trip home.
- Meals kit (tea towel, plate, cup, bowl, knife, fork & spoon – dishwasher safe) no disposable plates.
- Water bottle
- Raincoat (regardless of forecast)
- Hat or cap
- Sleeping bag (extra blanket in winter)
- Pillow
- Sunscreen
- 1 pair pyjamas (tracksuit in winter)
- Day pack (small backpack for water, sunscreen, etc)
- Torch (make sure it works before you leave home)
- Toiletries (including toothbrush)
- Insect repellent
- 2 pairs of sneakers (1 old pair for water activities).
- Thongs – only for going to and from showers.
- 3 T-shirts, no singlets / tank tops / midriff tops, (for safety on activities)
- 3 sets of underwear
- 3 pairs of shorts – NO MINI SHORTS (for safety on activities)
- 3 pairs of track pants
- 2 sloppy joes / windcheaters
- 3 pair socks
- Bath towel
- Beach Towel & swimmers
- Optional – camera, money for souvenirs.
- Tissues / hankies
- Plastic bags
Camp Guidelines and Rules

Students should be aware of these Guidelines

- Never leave camp or activity without permission.
- All activities must be supervised by a teacher and instructor.
- Listen to and follow instructor’s guidelines.
- Closed in shoes and hats should be worn at all times.
- Respect male & female areas; enter no room other than your own.
- Respect the natural environment, use bins provided, don’t damage the bush.
- No pocket knives, glass, valuables, electronic equipment, or mobile phones are to be brought to camp.
- Do not approach, or attempt to pat the wildlife.
- All accidents / damage to equipment must be reported.
- Wilful damage will be paid for by the individual(s) responsible.
- Do not eat or drink in tents / cabins / dorms.
- No chewing gum to be brought to camp.
- Respect others after lights out. There should be no need to leave your tents / dorms / cabins after lights out.
- Each group is responsible for the ongoing cleanliness of the room / tent.
- To avoid accidents please do not run around campsite areas.

As a general rule, students will not be removed from activities as punishment. They may be given a 5 minute time out to reflect.

Allocating extra duties or taking away free time may also be used.

We may exclude students whose behaviour could result in serious danger or distress to themselves or others. In extreme cases, after consultation with teachers, the parents/guardians may be contacted and the student/s will be sent home.

Health, Safety and Medication

Teachers are to forward to us completed Special Needs Forms, Dietary or Medication Forms prior to coming to camp.

Asthma

It is vital that parents/guardians of children who suffer from Asthma provide sufficient information or an Asthma Management Plan.
This will enable staff/teachers to take appropriate action in the event of an Asthma attack.

Teachers will dispense any medication as required.

Camp staff have First Aid and Resuscitation certificates.

There is an onsite First Aid Room. For any accidents / sick students we have a Doctor in Tea Gardens (10 minutes),
There is an ambulance service in Tea Gardens (10 minutes) and Karuah (10 minutes).
The nearest hospital is Bulahdelah (20 minutes) and John Hunter Hospital, Newcastle (1 hour).
Medical and Consent Form – Child

Name of School: ___________________________ School year: ________________________

Student Details:

Surname ___________________________ Given Names ___________________________

Address _____________________________________________________________

Postcode __________ Date of Birth ___ / ___ / ___ Male □ Female □

Parent/Guardian Details:

Please Circle: Mother/Guardian Father/Guardian Other Contact

Full name of Parent/Guardian ___________________________________________

Home Phone ______________ Work Phone ______________ Mobile Phone __________

Medicare Number ___________ Name on Card ___________ Ambulance Cover Yes □ No □

Private Health Fund Name ______________ Health Fund member number __________

Is your child in good health? Yes □ No □

Does your child suffer from any Chronic Illness/Injury/Allergies? Yes □ No □
If yes, please specify:

________________________________________________________________________

________________________________________________________________________

Does your child require regular medication? Yes □ No □

Parent/Guardian Signature ____________________________________________ Date: ___ / ___ / ___

THE GREAT AUSSIE BUSH CAMP
Current Medication / Dietary Requirements

School: ____________________  Student Name: ____________________

Time and Dosage – Please specify exact time of medication

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Breakfast</th>
<th></th>
<th>Lunch</th>
<th></th>
<th>Dinner</th>
<th></th>
<th>Other</th>
<th></th>
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<tbody>
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<td>Time</td>
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Regulations require that all medication must be provided in the original container. Teachers will collect & administer all medication.

Has your child suffered from any Acute Illness in the past four months?  If yes, details.  

Has your child been treated by a doctor in the past four weeks?  
If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.

Has your child had any major surgery?  If yes, please specify.

Is your child’s Immunisation up to date, including tetanus?  
If yes, what year was the last booster given?

Does your child wet the bed?

Does your child sleep walk?

Do you give permission for Panadol to be administered if required?

Does your Child have any Dietary Requirements?  
If YES please specify:

Water or Swimming Activities:  
In relation to the proposed water or swimming activities, my child: Name__________________________
(Please circle one:)
STRONG SWIMMER      AVERAGE SWIMMER      POOR SWIMMER      NON-SWIMMER

Parent/Guardian Signature: ____________________  Date: ___ / ___ / ___

THE GREAT AUSSIE BUSH CAMP
Parent or Guardian Consent/Activity Restrictions

Name of School: ___________________________ School Year: ___________________________

All activities are instructed by qualified staff, your child’s teachers are also always present at activities and free time.

Please peruse the activity list included. Activities are planned with the age and ability of the students involved in mind. Time constraints may prevent students being able to do every activity listed, however if there are any activities that your child is not permitted to participate in, for medical or personal reasons, please inform your child and give details:

__________________________

I agree to my child/ren ___________________________ participating in all the activities at The Great Aussie Bush Camp.

I understand that although The Great Aussie Bush Camp and its service providers attempt to minimise any risk of personal injury to my child, there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program.

In the event of an emergency, and I am unable to be contacted, I authorise my child receiving such medical treatment that is deemed necessary. I also undertake to cover any costs that may be incurred with any medical treatment received, ambulance transport and drugs while my child is at The Great Aussie Bush Camp.

Full Name of Parent Guardian ___________________________ Date ___ / ___ / ___

Signature ___________________________

Media Consent

(Strike out whichever does not apply)

I agree / I do not agree to allow The Great Aussie Bush Camp to use any photographs, sound and film recordings taken of my child while they are at camp, for the promotion of this facility in the media and advertising programs.

Full Name of Parent/Guardian ___________________________ Date ___ / ___ / ___

Signature ___________________________

THE GREAT AUSSIE BUSH CAMP