Dear Parents and Year 12 students

A Year 12 Retreat has been planned to occur in Term 1 of the school year from Monday 21 March through to Wednesday 23 March (Week 9). The aim of the camp is to provide a pleasant and constructive time for staff and students to get to know each other better, with some serious thought development on time management, study strategies and students’ goals and aspirations for their final schooling year. The camp will also focus on the student’s leadership roles within the College. Like every other year, the retreat will be staffed by Year 12 teachers and senior staff, with other staff from St Philips Campus likely to visit during the camp. Please note that Thursday 24 March will be House Cross Country and Quiz Day which is also the last day of Term 1. All Year 12 students are expected to attend school.

PARTICIPATION

All students are expected to attend. To achieve this, three precious school days have been set aside and we urge all students to use this time to their best advantage. I am sure I do not need to remind students that normal school rules apply particularly around sunsmart behaviour.

ACCOMMODATION AND CAMP COSTS

The program will be held at Tilmouth Well – 185 kilometres North-West of Alice Springs. The cost of the program is $200.00, which is already invoiced to your account. The costs includes camping and the use of facilities at Tilmouth Well, transport and all meals (except for lunch on the first day).

TRANSPORT

The buses will depart school grounds at 10:30am on the Monday. Students must travel on the College bus with the group as permission to drive independently will not be granted. The bus will return students to school at approximately 3:00pm on Wednesday.

EQUIPMENT LIST

☐ Bedding or Swag (as per instructions at briefing)
☐ Water bottles and water (there is only bore water for drinking)
☐ Pen and writing materials (very important)
☐ Torch and spare batteries
☐ Clothing (suitable for sunsmart practice - no singlets)
☐ Toiletries
☐ Footwear suitable for activities (sneakers or other closed-toe shoes, not thongs)
☐ Cold packed lunch for the first day, Monday, 21 March 2016
☐ Broad brimmed hat, sunscreen, and insect repellent

Please return the Medical Consent (handed out at the beginning of 2016) form to Student Access by Thursday 4 February. If you have any questions or concerns about the camp please do not hesitate to contact me at the College.

Yours sincerely

David Atkins
Head of Outdoor Education

T: 08 8950 4511 | F: 08 8950 4522
# YEAR 12 RETREAT 2016 DRAFT PROGRAM

<table>
<thead>
<tr>
<th>MONDAY, 21 MARCH</th>
<th>TUESDAY, 22 MARCH</th>
<th>WEDNESDAY, 23 MARCH</th>
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</thead>
<tbody>
<tr>
<td>10.00am</td>
<td>Pack Bus</td>
<td>9.00am to 12.00 noon</td>
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<tr>
<td>10.30am</td>
<td>Depart School</td>
<td>Morning activities</td>
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<tr>
<td>1.30pm to 3.00pm</td>
<td>Arrive, unpack, “strike camp”, have lunch etc.</td>
<td>12.00 noon</td>
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<tr>
<td>3.00pm to 5.00pm</td>
<td>Activities</td>
<td>12.00 noon to 1.00pm</td>
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<tr>
<td>5.30pm to 7.00pm</td>
<td>Dinner in the Homestead</td>
<td>1.00pm to 2.00pm</td>
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<tr>
<td>7.30pm to 9.30pm</td>
<td>Activities</td>
<td>2.00pm to 4.00pm</td>
</tr>
<tr>
<td>9.30pm</td>
<td>Supper</td>
<td>4.00pm to 5.30pm</td>
</tr>
<tr>
<td>10.30pm to 11.00pm</td>
<td>Bed</td>
<td>7.30pm to 10.00pm</td>
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<td></td>
<td></td>
<td>10.30pm</td>
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<td>3.00pm</td>
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PREPARE YOUR ACT NOW!
MEDICAL REPORT AND CONSENT FOR PARTICIPATION IN
SCHOOL CAMPS, TRIPS AND OUTDOOR EDUCATION EXPEDITIONS
(Please complete carefully and return ASAP)

A parent or guardian should complete all sections of this report. It is intended to assist the school in case of any medical problem or emergency with your child during the: __________________________________________________
________________________________________________________________________________________

To be held on/between the date/s of ____________ and ____________. 

Student’s name: ___________________________ Sex: M / F Date of birth: __/__/____

Weight: __________ kg School Year & Class: __________ House: __________

Previous camps☑: Year 7 Camp ☐ Year 8 Camp ☐ Year 9 Endeavour Camp ☐ Year 10 Mittagundi ☐ Year 11 Leadership Course ☐ Other: __________________________

Name and Address of Doctor: ________________________________________________________________
___________________________________________________________________________________

Medicare Number: ________________________ Medical/Hospital Insurance Fund: __________________________
Contribution Number: __________________________

• Please circle the condition if your child suffers from any of the following (then provide details overleaf or attach a note):

  Diabetes  Asthma  Bed wetting  Dizzy spells  Seizures of any type  Sleepwalking/Disturbed sleeping habits or patterns  Migraine  Heart complaint  Heat exhaustion  Epilepsy  Blackouts  Lung complaint  Travel sickness  Other __________________________

• Allergies to: (COMPLETE ALLERGENIC REACTION MANAGEMENT FORM if you circle any.) Please note that in the instance of food allergies and intolerances we will need specific guidance on suitable alternatives well in advance.

Penicillin  Aspirin/Dispirin  Other drugs  Any foods  Other Allergies __________________________

Year of last tetanus immunisation: ____________

Is your child presently taking any drug, or medication, or under any type of treatment or have ANY condition of physical disability OR current injury?  Yes / No

Has your child had, or been in contact with any infectious diseases (including normal childhood diseases) in the past three months?  Yes / No

All medications should be handed to the teacher in charge prior to leaving for checking, with your child’s name, the dose to be taken and when it should be taken. Some medications, especially Asthma puffers (eg Ventolin) are carried by the student. Students should not bring any medication without advising staff (eg. Panadol, as it is extremely dangerous and easily misused).
Your child’s swimming ability in still water is:   Nil     25m     50m     100m

Special dietary requirements (please specify alternatives or attach a note) (eg. Vegetarian):
________________________________________________________________________
________________________________________________________________________

If you have circled any conditions overleaf or answered YES to any of the questions, please give details below or attach a note. Note that a separate Asthma Management Form or Allergy Management Form is required from those that have these conditions
________________________________________________________________________
________________________________________________________________________

CONTACT PERSON DURING THE CAMP / EXCURSION (usually parents)
Full name: ___________________________  Relationship to student: ___________________________
Address: _____________________________________________________________  Post Code: _______

Emergency Telephone:  After hours:  (___)_________  [Name: ___________________________]
(Preferably parents)  Business hours:  (___)_________  [Name: ___________________________]

IMPORTANT NOTICE - PARENT/GUARDIAN CONSENT & STUDENT UNDERTAKING
I acknowledge that by participating in the program of activities as organised by St Philip’s College, that in addition to usual risks inherent, certain additional risks and dangers may be encountered which may include: remoteness to normal medical services; physical exertion to which the participant may not be prepared; weather extremes subject to sudden and unexpected change; evacuation difficulties if the participant is injured. I will notify the school if my child has had contact with any infectious disease within (4) weeks of departure. I give consent for my child to attend the camp / excursion mentioned above. In case of injury or illness, I hereby authorise the teacher in charge to obtain any medical attention deemed appropriate, including ambulances, and agree to accept responsibility for any costs incurred. I also agree to accept responsibility for any costs incurred if the St Philip’s College staff decide my child should be removed from the camp / excursion due to behaviour problems. In the event of my child found using, or in the possession of cigarettes, alcohol, or non-prescribed drugs forbidden by law, or behaving in a manner deemed as being a safety risk to others, I accept responsibility for removing or arranging to remove him/her from the program after notification by the Headmaster or Deputy Headmaster. I agree that this statement shall be governed in all respects by and interpreted in accordance with the Laws of Australia.

Name: ___________________________  Relationship to student: ___________

Signature (Parent/Guardian signs): ___________________________  Date: ___/___/___

STUDENT UNDERTAKING.
I hereby undertake that while travelling to and from the camp/excursions and while in attendance there, I shall behave in an appropriate manner and shall observe whatever rules are decided on as best for the welfare of all. I understand that a great deal of responsibility is being placed upon me and I shall do my utmost to do what I can to rise to that responsibility.

☐ Please tick this box if attaching additional information regarding your child’s health. ANY ADDITIONAL INFORMATION THAT YOU MAY WISH TO SUPPLY US REGARDING ANY MEDICAL CONSIDERATIONS FOR YOUR CHILD WILL BE GREATLY APPRECIATED AND TREATED CONFIDENTIALLY.

Student’s Signature: ___________________________