YEAR 12 RETREAT 2015

Wednesday 25th to Friday 27th February at Tilmouth Well

Dear Parents and Year 12 students,

A Year 12 Retreat has been planned in Term 1, from Wednesday 25th to Friday 27th February (end of Week 5). 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 the year. The camp will also focus on the students’ leadership role within the College. The retreat will be staffed by Year 12 teachers and senior staff, with other staff likely to visit during the camp.

Please note that Monday 23rd and Tuesday 24th February are normal school days.

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’m sure I don’t need to remind students that normal school rules apply.

Accommodation and Cost

The program will be held at Tilmouth Well – 185km North West of Alice Springs. The cost of the program is $200.00, which is already invoiced to your account, and 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 run from the school at 10.30am on Monday. Students must travel on the College bus with the group and permission to drive independently will not be granted. The bus will return students to school at approximately 3.00pm on Wednesday.

Equipment List

Everyone should bring their own:

| 1 | Bedding or Swag (as per instructions at briefing) |
| 2 | Water bottles and water (there is only bore water for drinking) |
| 3 | Pen and writing materials (very important) |
| 4 | Torch with spare batteries |
| 5 | Clothing (suitable for sun smart practice which means no singlets for boys or girls) and toiletries |
| 6 | Footwear suitable for activities such as sneakers or other closed toe shoes (not thongs) |
| 7 | Cold packed lunch for Wednesday 25th February |
| 8 | Broad brimmed hat, sunscreen and insect repellent |

Please return the Medical Consent form (handed out at the beginning of 2015) to Student Access by Thursday 5th 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
E: david.atkins@portal.stphilips.nt.edu.au
P: (08) 8950 4511  F: (08) 8950 4522
## YEAR 12 RETREAT 2015 DRAFT PROGRAM

<table>
<thead>
<tr>
<th>Wednesday 25&lt;sup&gt;th&lt;/sup&gt; February</th>
<th>Thursday 26&lt;sup&gt;th&lt;/sup&gt; February</th>
<th>Friday 27&lt;sup&gt;th&lt;/sup&gt; February</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.00am</strong></td>
<td>Pack Bus</td>
<td></td>
</tr>
<tr>
<td><strong>10.30am</strong></td>
<td>Depart School</td>
<td></td>
</tr>
<tr>
<td><strong>1.30pm–3.00pm</strong></td>
<td>Arrive, unpack, “strike camp”, have lunch etc.</td>
<td><strong>9.00am–12.00 noon</strong></td>
</tr>
<tr>
<td><strong>3.00pm–5.00pm</strong></td>
<td>Activities</td>
<td><strong>12.00 noon–1.00pm</strong></td>
</tr>
<tr>
<td><strong>5.30pm–7.00pm</strong></td>
<td>Dinner in the Homestead</td>
<td><strong>1.00pm–2.00pm</strong></td>
</tr>
<tr>
<td><strong>7.30pm–9.30pm</strong></td>
<td>Activities</td>
<td><strong>2.00pm–4.00pm</strong></td>
</tr>
<tr>
<td><strong>9.30pm</strong></td>
<td>Supper</td>
<td><strong>4.00pm–5.30pm</strong></td>
</tr>
<tr>
<td><strong>10.30pm–11.00pm</strong></td>
<td>Bed</td>
<td><strong>7.30pm–10.00pm</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>10.30pm</strong></td>
</tr>
</tbody>
</table>
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
  - Bed wetting
  - Seizures of any type
  - Migraine
  - Heat exhaustion
  - Blackouts
  - Travel sickness
  - Asthma
  - Dizzy spells
  - Sleepwalking/Disturbed sleeping habits or patterns
  - Heart complaint
  - Epilepsy
  - Lung complaint
  - 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/Disprin
  - 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.  

Student’s Signature. _____________________________  

☐ 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.