



**EMMAUS COLLEGE**  
**ROCKHAMPTON**

14 March 2017

Dear Parent/ Guardian

As part of the Emmaus College personal development program for Year 8 students, we offer an Outdoor Education experience to all students. This takes the form of a camp, which runs for three days from Wednesday to Friday. The venue for this year's camps is Camp Fairbairn Outdoor Education Centre, located 25km south of Emerald.

- Aims:** The aims of the camp are to –
- Build self-confidence and self-esteem in students.
  - Provide students with problem-solving challenges.
  - Develop social skills.
  - Build a sense of community and develop leadership qualities.

During the camp, students will participate in a number of activities. Possible activities include: abseiling, canoeing, trust-building and problem-solving games and various group activities. Some activities are optional and students have the right to decline any particular activity. However, they will be expected to participate in the group as safety or support for others.

The Outdoor Education camp is not an extra curricular activity, but part of the Year 8 program. As such it is our expectation that all students will attend. If you have any questions or problems regarding your child's attendance, please contact me as soon as possible.

Your son/daughter is going on **CAMP 4**.

**Cost:** The cost of the camp is \$145 and includes all travel, camping fees, instructional fees and all food. Due to the compulsory nature of this camp, the cost will be placed on the school fees. As some of the cost incorporates non-refundable components such as bus hire and the booking of Camp Fairbairn Outdoor Education Centre, the costs will be broken into two separate payments. The first, a \$70 non-refundable component will be included on the Term Two account, with the \$75 balance being placed on Term Three fees.

**Date:** The date for the camp is as follows –  
**CAMP 4: Wednesday 31 May – Friday 2 June 2017**  
**HOME GROUPS: Ms Lee 8H, Miss Bigham 8I, some from Miss Spottiswood 8A**

The bus will leave the college **at 8.00am**. Students are asked to be at school **by 7.30am** so that gear can be packed onto the bus. We will be arriving back at school at approximately 4.30pm on Friday.

Students will receive a pre-camp booklet to help them organise their requirements for the camp. Parents please be aware that all the food will be supplied by Camp Fairbairn and as a result of this eskies are not permitted. In accordance with the College's healthy eating policy, we request that the students **do not bring** lollies, chips or softdrinks. Students are **not to bring along mobile phones, ipods/mp3 players or money**. The temperature at the dam can be cooler than Rockhampton, so adequate warm clothing and bedding is a must.

Please complete the attached consent form and return it in an envelope with your **child's name, Tute teacher and the camp he/she is going on, to the office by Friday 21 April 2017**.

Yours Sincerely

MRS TERINA WYETH  
HEAD OF YEAR 8

MR EAMON HANNAN  
PRINCIPAL



# PARENT/CARER CONSENT FORM EXCURSIONS

\*delete as appropriate

Please return form to: STUDENT BOX

As a Parent/Guardian\* of \_\_\_\_\_ Year Level: \_\_\_\_\_ Tutor: \_\_\_\_\_

I, \_\_\_\_\_ give my consent for him/her\* to participate in the

**FOURTH -YEAR 8 OUTDOOR EDUCATION CAMP ON 31 MAY – 2 JUNE 2017 AT CAMP FAIRBAIRN, EMERALD.**

I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.

I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion.

In the event of any illness or accident, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

I include the completed medical information section (below) about my child to assist those who are organising the excursion.

Signed \_\_\_\_\_ Emergency contact phone number \_\_\_\_\_  
(Parent/Guardian\*)

**Medical Information:**

Does your child have any medical condition or disability which may affect your child's participation in the school excursion? Yes/No\* If Yes, please give details:

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Is your child on any prescribed medication(s) which would be required to be continued during the excursion? Yes/No\* If Yes, please give details:

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Does your child have any allergies (eg insect bites, food)? Yes/No\* If Yes, please give details:

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Is there any other information you would like to give which, in your view, may affect your child's participation in the excursion? Yes/No\* If yes, please give details:

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Doctor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_