



Karakaka School

EMBRACING LEARNING. BUILDING RESILIENCE. ACHIEVING EXCELLENCE.

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29th January 2019

Dear Parents

YEAR 7 & 8 CAMP (Monday 11th March - Friday 15th March)

The Year 7 & 8 Camp will be held at Kokako Lodge at the Hunua Ranges Regional Park.

Activities

Some of the activities the students will be involved in over the week will be: Hunua Hunt, Adventure Based Learning Games, Kayaking, Abseiling, Archery, Climbing Wall, Low and High Ropes Course, Orienteering, Raft Building, Amazing Race Challenge and The Great Pancake Race.

Key Learning

The key curriculum focuses on camp is: Outdoor Education, Conservation and Environmental Education. The skills that the students will be developing are: leadership, resilience, teamwork, communication, problem solving, critical thinking, empathy, independence, co-operation, confidence, self management, goal setting and character building.

Payment

The cost for 2019 camp will be **\$280** per child. The deadlines for this payment follows:

- Week 3, Term 1 - COMPULSORY Deposit of **\$100** is due by **Wednesday 12th of February 2019 (Week 3, Term 1)** to confirm your child's place at camp.
- Week 5, Term 1 - Total payment of **\$280** to be paid by **Friday 1st March (Week 5, Term 1, 2019)**.

Payment by internet banking is available: ASB Papakura
Karakaka School BOT
12 3031 0734641 01

Please see the office if you need extra time for payment or would like to arrange a payment plan.

Food on Camp

A catering company will be providing healthy, nutritious lunches, dinners and desserts from Monday night until Friday lunch. Morning and afternoon tea will be home baking, fruit and carrots. If you have any contacts where we may be able to receive any donations or discounted purchasing costs for the fruit, cheese, vegetables (carrots, cucumber) please let me know. We also ask that each family provides 2 lots of home baking and some fruit or vegetables. A list will be sent home shortly to select what fruit/vegetables you would like to provide.

To organise the camp programme we also need to know exactly who is coming to camp. Please make this clear on the slip attached.

Parent Help

We have budgeted accommodation and food for up to 5 parents to meet the required adult to student ratio. Due to organisation and logistics we require the parent helpers to attend for the whole week. Please indicate on the attached form if you are interested in attending camp as a parent helper. Please note not all parents will be able help and parents will be selected based on the knowledge, skills required for this camp, and a current police vet.

Please fill in the attached form with your \$100 deposit, and return this to your classroom teacher by **Wednesday 12th of February (Week 3, Term 1, 2019).**

Kind Regards

Mrs Sutton (Intermediate Teacher)

Year 7 & 8 Kokako Lodge Permission Form (2019) (Karaka School Form)

Acknowledgement of Risk

I have read the EOTC event information sheet and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will take all reasonable steps to identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards.

Y / N

Parental Consent

I agree to my child taking part in the EOTC event and have received sufficient information on which to base a decision. I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved. I acknowledge the need for them to behave responsibly.

Y / N

I allow my child/children _____ to attend the Year 7 & 8 Camp at Kokako Lodge from Monday 11st of March to Friday 15th of March and I have read and agreed to the Acknowledgement of Risk and Parental Consent.

Y / N

I have enclosed the \$100 deposit to confirm that my child will be attending camp

Y / N

- Cash / Paid at the Office / Payment online (ref: Yr 7 & 8 Camp Deposit)

I _____ (name) wish to be an overnight camp parent for the whole week. Y / N

I am confident in the water and I am willing to help out in the water as a parent helper.

Y /

N

I have contacts to get donated / discounted food

Y / N

Contact: _____

Food: _____

Child's Name: _____

Parent's Name _____

Parent's Signature: _____

Contact Number _____

Contact Email _____

Parent Helper Application

Parent Name: _____

Please indicate which of the following you have experience in, this will help us to select parents with the knowledge and skills needed for this particular camp.

Skills and Knowledge	Tick those that apply to you
Current valid Police Vet	
Previous child camp experience	
First Aid Certificate	
Confident in the Water (can swim 100m in open water)	
Kayaking knowledge and skills	
Reasonable level of fitness (able to walk 4 hours)	
Other relevant experience:	

EOTC Risk Disclosure & Health Profile (Student)

Complete a form for **each person** attending the EOTC event. This information is gathered to comply with the school's health and safety requirements. All details will remain confidential to persons supervising the EOTC activities. For safety reasons, please provide information that is accurate and complete.

Event: Year 7 & 8 Camp at Kokako Lodge from Monday 11th of March until Friday 15th March

Please return this form by: *Friday 1st of February (Week 1, Term 1)*

Student's Full Name	
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Gender		Date of Birth		Age	
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Address	
Home Phone Number & Cell Phone	
Family Doctor	Phone Contact:

1. Please tick if your child has any of the following conditions:

Migraine		Epilepsy		Asthma		Diabetes	
Home sickness		Fits of any type		Heart condition		Dizzy spells	
Ear problems		Chronic nose bleeds		Sleepwalking		Back Problems	
Physical/intellectual disabilities		Bed wetting (Regular or not)		Colour blindness		Fears	
ADHD		High Blood Pressure		Depression		Obesity	
Sight impediment		Hearing impediment		Travel sickness			

Other: (please specify)

2. Medication

Is your child currently taking medication (including asthma)? Yes / No

What condition is the medication for?

What is the name of the medication?

How much does your child need to take and when is it taken?

3. Injuries or Illness

Has your child had any major injuries/illness in the last six months that could limit their participation in camp activities?

Yes / No Please give details (previous broken bones, bad back, poor fitness or other)

4. Is your child allergic to any of the following?

Prescription medicine	Yes / No	Details:
Food	Yes / No	Details:
Insect bites or stings	Yes / No	Details:
Other allergies?	Yes / No	Details:

What treatment is required:

5. Tetanus Injection

Has your child had a full programme of tetanus injections? Yes / No

When was your child's last tetanus injection? / /

6. Dietary Requirements

Does your child have special dietary requirements? Yes / No (Give details)

7. Pain or flu medication

What pain or flu medication may we give your child if necessary? (Paracetamol, for example.)

8. Illnesses

Has your child been in contact with any contagious or infectious diseases in the last four months? Yes / No

Give details:

Emergency Contact Details (Please provide details for two emergency contacts.)

Emergency contact 1: Name:

Address:

Day phone:

Evening phone:

Cell phone:

Relationship to child:

Emergency contact 2: Name:

Address:

Day phone:

Evening phone:

Cell phone:

Relationship to child:

- I agree to let the school know about **any changes** to **this information** that happen between now and the event.
- I agree that my child **may receive** any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I agree to **pay for any medical costs not covered** by ACC or a community services card.
- I understand that if my child has **prescription medicine** to take while they are away, I will supply it **fully labelled, closed securely, and with full instructions**. It will be given to a designated adult who will administer the medicine.
- I understand that there are risks associated with EOTC events and that the school will take steps to eliminate, isolate or minimize those risks. I will do my best to **ensure that my child follows the school's safety procedures**.
- I understand that my child can **consult** with the person in charge and withdraw from an activity if they **feel at risk**.
- I understand that if my child is **sent home** from camp for bad behaviour or actions that threaten the safety of others, it will be at **my expense**.
- I understand that the school does not accept responsibility for **loss or damage** to personal property.
- I agree for my child to **take part** in this event and attend Kokako Lodge.
- I approve that my child is able to participate in all the presented activities.
- In the event of an accident/illness, I **authorise** Kokako Lodge Staff or Karaka School Staff to obtain any such medical assistance as considered appropriate by Kokako Lodge/Karaka Staff.
- I agree to **any emergency treatment requirement** by my child during the event.
- Kokako Lodge staff will provide full safety briefings to all participants. It is the **responsibility of participants** to follow these instructions to **minimise risk of injury**.
- I agree that my child is in good health and fit to participate.

Please circle or highlight how you would describe your child at swimming:

- non-swimmer (NS)
- weak (W)
- average - could swim a length of a pool (A)
- strong - confident in a current (S)

Name:	
Signature:	Date: / /

HEALTH INFORMATION AND ACKNOWLEDGEMENT OF RISK FOR PARTICIPANTS OF KOKAKO LODGE ACTIVITIES



PARTICIPANT DETAILS

PLEASE PRINT CLEARLY

<i>Participant Name</i>		Gender	M	F
School / Organisation		Age		
		DoB		
Camp dates				
Home phone		Mobile number		
Address				
Email address				
<i>Next of kin/emergency contacts:</i>				
Name		Relationship		
Home phone		Work phone		
Mobile number		Email address		
Doctor's name				
Doctor's phone				

PERSONAL INFORMATION

	Yes	No
<p><i>It is ESSENTIAL that you give us accurate and detailed information. Attach an additional sheet if necessary.</i></p> <p><i>Note: Any information provided will be treated as confidential.</i></p>		
<p>Do you have any particular dietary requirements?</p> <p><u>Details:</u></p>		
<p>Do you have any medical, physical, intellectual, social or behavioral needs or conditions that Kokako Lodge should be informed of? (circle and/or detail below)</p> <p>For eg: ADHD, asthma, depression, diabetes, epilepsy, high blood pressure, injury, illness, obesity, sight or hearing impediments or other.</p> <p><u>Details:</u></p>		
<p>Is there anything else we should know about that <i>could</i> affect either your or others participation on camp? (circle and/or detail below)</p> <p>For eg: bad back, fears, old injuries, poor fitness, pregnancy or other.</p> <p><u>Details:</u></p>		
<p>Are you taking any medication? (Please bring spares of any medication)</p> <p><u>Details:</u></p>		
<p>Have you been in contact with any contagious diseases in the past 2 years?</p> <p><u>Details:</u></p>		
<p>Do you have any allergies? What action should be taken?</p> <p><u>Details:</u></p>		
<p>Is there anything else that we need to be aware of?</p> <p><u>Details:</u></p>		