

OUTDOOR ADVENTURE CAMPS

CAMP: 4566 4366 FAX: 4566 4288 MOBILE: 0427 077 805



PARTICIPANT CLOTHING and EQUIPMENT LIST – 3 DAY PROGRAM

ESSENTIAL FOR ALL 2 DAY CAMPS:

HAT, WATER BOTTLE, SUNSCREEN, INSECT REPELLENT and OLD PAIR OF RUNNERS

No Hat - No Water Bottle - No Participation in Activities

If OAC have to supply a hat or bottle (subject to availability) the student or school will be charged

- CLOTHING:**
- 1 Sun hats or caps (ESSENTIAL FOR ALL ACTIVITIES)
 - 2 T shirts
 - 1 long sleeved tracksuit tops (eg fleecy lined sloppy joe)
 - Waterproof raincoat with hood (test prior to camp)
 - 1 long pants (loose but comfortable eg tracksuit pants)
 - 1 pairs of shorts
 - 2 pairs of socks (thick woollen socks are best for bushwalking)
 - Shoes, including one tough sturdy pair for hiking and bushwalking
 - Shoes, old pair of runners for water based activities
 - Underwear
 - Swimming costume and shirt for getting wet
 - Pyjamas
- FOR WINTER:**
- 1 woollen jumpers (old and able to get dirty)
 - Woollen beanie or balaclava
 - Warm underwear. Thermal tops and bottoms for colder months
 - Extra blanket or doona if you feel the cold
- TOILETRIES:**
- Lightweight towel, washer and small soap
 - Toothpaste and toothbrush
 - Brush or comb
- SLEEPING:**
- Sleeping bag
For colder months a good quality sleeping bag is essential.
A bag with a three season minimum rating is best.
Avoid lightweight cotton bags as they will not keep you warm in cold conditions.
 - Pillow with pillow slip
- OTHER ITEMS**
- Torch with spare batteries
 - Water bottles, enough for 2 litres (ESSENTIAL FOR ALL ACTIVITIES)
 - Insect repellent (ESSENTIAL FOR ALL ACTIVITIES)
 - Sunscreen (ESSENTIAL FOR ALL ACTIVITIES)
 - Plastic garbage bag for dirty clothing
- OPTIONAL**
- Camera - Flora / fauna guides - Pen, pencils and paper
- FOR BIVOUAC CAMPS**
- Unbreakable plastic bowl, plate and cup or disposable
 - Inexpensive cutlery (knife, fork spoon) or disposable
 - Teatowel
 - Day backpack for expeditions (to carry water and food supplies)

SOFT DRINK AND BOTTLED WATER VENDING MACHINE AVAILABLE - \$2.00 PER CAN / BOTTLE

ADDITIONAL INFORMATION: In summary, three sets of clothes will be required. One set for travelling to and from the venue. One set for the camp which can get dirty (eg for canoeing and hiking) and one set for changing into. **NO SINGLET TOPS FOR MALE OR FEMALE STUDENTS. NO RAYBAN SHOES** or similar as insufficient tread. Should you have any further enquires feel free to ring on the camp number above.

PARENTS – FOR MORE INFORMATION REGARDING YOUR CHILD’S SCHOOL CAMP VENUE, PLEASE SEE OUR WEBSITE

AT: www.outdooradventurecamps.com.au

OUTDOOR ADVENTURE CAMPS

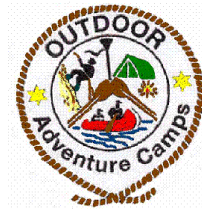
Campsite - 256 Webbs Creek Rd, Wisemans Ferry 2775

W: www.outdooradventurecamps.com.au

E: info@outdooradventurecamps.com.au

P: 4566 4366 F: 4566 4288 M: 0427 077 805

ABN: 21 101 573 406



PARTICIPANT MEDICAL and PERMISSION FORM

The following information is compiled to assist in case of any medical situation with your child. All information is confidential.

SCHOOL		YEAR	
CAMP DATES			

CHILD'S NAME			
ADDRESS			
HOME TELEPHONE			
DATE OF BIRTH		GENDER	Male / Female

EMERGENCY CONTACTS			
CONTACT NAME			
RELATIONSHIP TO CHILD			
ADDRESS			
TELEPHONE	HOME:	WORK:	MOBILE:

MEDICARE NUMBER			
MEDICAL FUND		POLICY No	
DOCTOR'S NAME		TELEPHONE	

PARTICIPANT'S MEDICAL DETAILS – If YES to any of the following, please give details or attach note

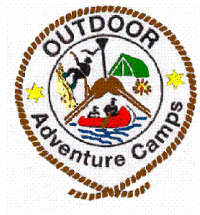
Is the participant having treatment for any conditions or illnesses?
Is the participant currently taking any drug or medication?
Does the participant have any disabilities?
Does the participant have any allergies?
Does the participant have a history of heart conditions or problems?
Has the participant undergone surgery in the past 12 months?
As your child will be involved in a variety of activities that have elements of challenge in an outdoor environment, are there any phobias, fears or conditions that may prevent full involvement in the camp, or that the staff should be aware of? If YES please give details or attach note.
SWIMMING ABILITY Please circle: STRONG GOOD FAIR POOR NON-SWIMMER
DIETARY ISSUES Please circle: VEGAN VEGETARIAN FOOD ALLERGIES/INTOLERANCES (Specify)
RELIGIOUS DIET (Specify)

I agree to meet the expense of my child being returned to school either by a teacher accompanying him/her or by collecting my child from the camp personally. I understand that such an arrangement may be necessary due to illness, injury or in the opinion of the teacher in charge that there is no cooperation of any description by my child. In the event of accident or illness I authorise the teacher in charge of the camp to consent where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

SIGNED		DATE	
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THE OUTDOOR ADVENTURE COMPANY PTY LTD

Trading as **Outdoor Adventure Camps**
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PARENTAL ACKNOWLEDGEMENT AND CONSENT FORM FOR CHILDREN ATTENDING CAMP TO BE HELD AT OUTDOOR ADVENTURE CAMPS PTY LIMITED.

I (parent's name)

acknowledge that my child (child's name)

will be attending a school camp operated by The Outdoor Adventure Company Pty Limited (OAC) on behalf of

Wallacia Public School as part of the School's regular program to be held from Thursday 10th November to Friday 11th November, 2016.

I acknowledge that I have been informed of the activities to be undertaken on the camp and of the nature of the camp site and that there are some inherent risks of injury in these activities. I understand that the OAC has assured the School that the camp personnel are suitably experienced and qualified, have developed safety procedures and will use their skills to promote the safety of the participants.

I agree that the School may provide to OAC on a confidential basis, personal information about my child including health information given to the School to help in providing proper care for him/her. I declare that there is no health reason why my child should not attend the camp and that I have provided to the School all health information necessary for his/her care on the camp.

Add here any new or changed health information not previously provided to the School.

If there is any health reason why your child should not take part in any one or more of the activities please indicate the activity and the reason.

I declare that my child is capable of co-operation with the camp personnel and acknowledge that he will be under the care of such personnel at various times during the camp. I acknowledge that OAC has assured the School that such personnel have been screened and checked in accordance with child protection legislation and regulations.

I agree that OAC personnel will have during the camp, the same authority to authorise emergency treatment for my son/daughter as the School and I agree to provision of first aid treatment where reasonably thought to be needed by OAC personnel.

SIGNED		DATE	
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