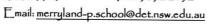
MERRYLANDS PUBLIC SCHOOL

Fowler Rd, MERRYLANDS 2160

Telephone: 9632 9709

Fax: 9892 2152





~ excellence and social responsibility in a safe and caring school ~

Stage 2 Overnight Excursion to Gosford

Thursday 12 September 2019

Dear Parent/Carer,				
Stage 2 Overnight Excursion is in Term 4 Week 5, Monday 11 and Tuesday 12 September 2019.				
Please complete the attached Medical form with your child's details. This form needs to be completed and returned to Mrs Di Giglio by Thursday 19 September 2019.				
Final payments need to be made by last day of term, Friday 27 September 2019. Balance owing notes will be sent home before this date. As numbers are now finalised and funds are now committed to Outdoor Education, we will not be able to provide refunds after tomorrow.				
We have summarised the balance owing for you below:				
Student Name:	Class:			
Balance Owing:				
Please return to the office money box in an envelope marked clearly with your child payment is for.	d's name, class and what the			
	di aiglio			
Mrs York Mrs	Di Giglio ursion Coordinator			



OUTDOOR EDUCATION NSW MEDICAL AND ACTIVITY RESTRICTION FORM

Please complete the Medical and Activity Restriction Form and return to the school office or the teacher/s responsible for organising the camp at your son/daughter's school.

Participant Details

Surr	name:			Gender:	$\square M / \square F$
Give	en Name/s: Date of Birth: / /			//	
Add	ress:				
Eme	ergency Cor	ntact Details			
ПР	arent / G	uardian / Contact Person:		(Name in Full)	
Tele	ephone:	(Ноте)	(Business)		bbile)
Mea	lical Inforn	nation			
Med	licare N°:		Ambulance Cover:		□Yes / □No
Posi	tion on Med	dicare Card (eg. 1,2):	Medicare Expiry:		
Priv	ate Health I	nsurance Fund:			□Yes / □No
Fund	d Name:		Fund Policy Nº:		
Plea	ise answer i	the following medical questions regardi	ng your son/daughter:		
1.	Is your sor	n/daughter in good health?			□Yes / □No
2.	Does your	son/daughter suffer any chronic illness,	or disability?		□Yes / □No
	If yes, plea	se specify:			
3.	Does your	son/daughter need to take any form of m	nedication on camp?		□Yes / □No
	If yes, plea	ase specify: (dose, frequency etc.)	•••••		
				•••••	
	Does the n	nedication need refrigeration?			□Yes / □No
4.		on/daughter suffered from any acute illne			□Yes / □No
	If yes, plea	se specify:			
				• • • • • • • • • • • • • • • • • • • •	
5.	Has your s	on/daughter had any major surgery (knee	e, back, heart, etc.)?		□Yes / □No
	If yes, plea	se specify:			
6.	Has your s	on/daughter been treated by a doctor dur	ing the last four weeks?		□Yes / □No
	If yes, pleaparticipant	ase attach a doctors report with instruct is fit to attend.	ion about medical treatr	nent and a certi	ficate stating that the
7.	Does your	son/daughter have any allergies? (insects	s, food, medication, etc.)		□Yes / □No

	If yes, please specify:	
8.	Does your son/daughter have any special dietary requirements?	□Yes / □No
	If yes, please specify:	.—20
9.	Does your son/daughter: wet the bed?	
	sleep walk?	☐Yes / ☐No ☐Yes / ☐No
0.	Has your son/daughter had the Diphtheria Tetanus Toxoid booster injection?	□Yes / □No
	If yes, what date was the last booster given?	//
1.	Do you give permission for Panadol to be administered to your son/daughter if required?	□Yes / □No
Act	ivity Restrictions	
All son	activities are instructed by qualified instructors and at all times are supervised and /daughter's school teachers.	accompanied by your
on down If you proof that	available at the centre your child is attending. This can be done by going to www.outdooredns (Morisset, Gosford, Forster or Wyee). Once inside the sites page you can click on "Activational of the sites entire activity list. Ou do not want your son/daughter to participate in any particular activity or activities, please wided and notify your son/daughter of the activity or activities for which they are to be excluded any activities that have been restricted cannot be changed by the student on arrival shoticipate. All activities are "Challenge by Choice" and no student is forced to attempt any activation.	write them in the space uded. Please be aware ould they then wish to vity:
Is y	our son/daughter permitted to participate in swimming/water activities?	☐Yes / ☐No
If n	o, please inform your son/daughter that they are not to participate in any swimming/water act	tivities.
	w do you rate your son/daughter swimming ability? Non Swimmer	
Par	ent or Guardian Consent	
assi	he event of any accident or illness and I am unable to be contacted, I authorise the obtaining stance on my behalf that my son/daughter may require. I also agree to cover medical fees and stance that may be incurred while my son/daughter is with Outdoor Education NSW.	of such medical d/or cost of such
Wil thei	ful damage of property while with Outdoor Education NSW will be paid for either by the r parent/s or guardian.	student involved or by
		or Education.
Sign	nature of Parent/Guardian Date:	//



STUDENT GEAR CHECKLIST (3-DAY CENTRE PROGRAM)

	4 T-shirts (no mid-riff or sleeveless shirts allowed)		Torch (make sure it is working before you bring it on camp)	
	4 pairs of shorts		1 water bottle (1 litre capacity minimum)	
	2 long sleeve shirts or jumpers		Insect repellent and Sunscreen	
	2 pair of long pants for cold weather		2 pairs of sensible joggers or boots (1 old pair that you can get wet - no thongs!)	
	Spare socks and underwear		2 plastic bags to put your dirty or wet clothes in	
	Hat or cap		Toiletries - toothbrush, toothpaste, soap.	
	1 raincoat		2 towels (1 for outdoors, 1 for showers)	
	Pyjamas		Swimmers	
	1 pillow and pillow case		Hair tie for abseiling (if you have long hair)	
	1 sleeping bag or sheet/s with blanket		1 plate, 1 bowl, 1 fork, 1 knife, 1 spoon, 1 cup and tea towel (mess kit)	
Note:	In addition to the above items it is also recommended that you bring a small day pack so that personal items such as medications, water bottles, hats, raincoats, insect repellents and sunscreens can be easily carried during the day.			
	If your program includes a visit to the Watagan Mountains a separate gear checklist outlining the specific items to be packed for the visit should be included with your camp information.			



GOSFORD ACTIVITY LIST

Abseiling 5m and 10m abseil tower at the centre. Generally Yr. 7+ Min. Yr. 5 Archery Safe and fun. Structured lesson and practice time. All ages Bushwalking Guided bushwalking experience. From 1/2 day environmental Generally Yr. 5+ awareness to 3 day expeditions. **Challenge Ropes** Aerial harnessed obstacle course winding through the trees to a Age dependent height of 15m before a flying fox finish. Generally Yr. 5+ **Expeditions** Combining navigation skills, bushwalking, abseiling, rock Age Dependent climbing. Ranges from overnight bivouacs to 3 day expeditions. Min. Yr. 9+ Flying Fox A fully harnessed 160m flying fox over water activity both fun Generally Yr. 5+ and exhilarating. Fencing Great fun and very safe. Protective equipment used to suit all All ages ages. Structured lesson and practice time **Giant Swing** Very exhilarating 15m harnessed pendulum swing. Generally Yr. 7+ Min. Yr. 3 **Icebreakers** Introductory Get To Know You and trust building activities. All ages **Initiatives Exercises** Student led problem solving and initiative activities. All ages Navigation Extension of orienteering skills. Bush point to point course. Generally Yr. 7+ Challenge **Night Activities** Games Night, Disco, Music Quiz, Trivia Quiz, Videos, All ages Challenge Night, Commando, Camp fire. Orienteering Introduction to navigation. Score course or point to point courses Generally Yr. 7+ at the centre. Min. Yr. 5 Raft Building Small group teamwork activity. Construct and race your raft. Generally Yr. 7+ **Rock Climbing** 10m rock climbing tower Generally Yr. 7+ Min. Yr. 3 **Sports** Oval games, basketball, volleyball, table tennis All ages **Treasure Hunt** Basic introduction to map reading. Yr2 +Tree Tops Off-site excursion to the Tree Tops Adventure Park Generally Yr. 7+

NOTE:

Adventure Park

Some activities may require transport or incur additional cost.

Min. Yr. 5

4 courses of varied levels – Additional Cost approx. \$25