

Dear Parent/Caregiver

Activity	Year 13 Retreat
Where	Keswick Christian Camp, Rotorua
When	Wed, 19 <sup>th</sup> September – Thu, 20 <sup>th</sup> September

Since this activity involves an overnight stay we require the following **health information** and **contact details**

**Health Information:**

Circle correct answer

Does the student have to take any medication? **YES** **NO**

If yes, please specify: \_\_\_\_\_

*It will be assumed that the student will be carrying all the appropriate medication and is competent in its administration.*

**Tick the box if the student in your care needs assistance with their medication.**

*List medication, administration times, amounts and other details on the reverse of this form.*

Does the student suffer from an allergy or disability? **YES** **NO**

If yes, please specify: \_\_\_\_\_

Would the student be limited, in any way, in taking part in these activities? **YES** **NO**

If yes, please specify: \_\_\_\_\_

Has the student had an anti-tetanus injection in the last five years? **YES** **NO**

Is the student allergic to penicillin? **YES** **NO**

Has the student been in contact with an infectious disease in the last month? **YES** **NO**

If yes, please specify: \_\_\_\_\_

Is the student a competent swimmer? **YES** **NO**

**Doctor's Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Details:**

Please supply an address and contact number where **you** can be contacted during the trip.

(Main contact) Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

(Alternative emergency contact) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## **Information about the Year 13 Retreat**

Each year all senior students are required to complete a retreat. For Year 13, this will take place at Keswick Christian Camp, near Rotorua. We will leave the college at 1.30pm on Wednesday 19<sup>th</sup> September and return the following day at about 5 pm.

The retreat will be led by the Diocesan Youth team and will be supported by two Youth workers from St Thomas More parish and by the Year 13 R.E. teaching staff.

Student accommodation is in log cabins, which sleep 8 people per cabin. Students need to bring sleeping bags. Pillow and sheets are provided.

Meals are provided, but students will need to bring to school something for their own lunch on Monday. Students also need to bring home baking for supper and morning tea.

Accommodation costs and transport costs are subsidised by the school, but we require a contribution of \$30.00 from each student to help cover the costs.

Students should come to school in suitable mufti on Wednesday. Be aware that it could still be quite cold or wet at this time of year. School bags (perhaps required for Wednesday morning) can be left in a locked room at school, and collected on Thursday.

Personal music players are not allowed during the retreat, although they are allowed on the bus journeys. The use of cell phones during is only permitted in "free time".

### **Risk Disclosure**

There is some inherent risk associated with these types of activities. Every effort will be made to manage those risks when the student is involved in this EOTC Activity

In planning this trip, staff have followed the current best practice procedures according to the Aquinas College EOTC Guidelines

Students can assist this by ensuring that they are prepared correctly, follow instructions and support staff and other students on the activity.

### **Consent & Conditions:**

#### **Parent/Caregiver:**

***I give permission for my son/daughter to take part in the activity, and I agree to the following conditions:***

- that the student in my care will abide by the school rules while on this trip.
- that the student in my care will follow instructions given to him/her by the staff in charge.
- I give staff the authority to arrange and administer if necessary, any medical treatment for the student in my care.
- I give staff in charge the authority to arrange travel home for the student in my care, at my expense, should this be required for reasons of ill health or discipline.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Student:**

***I have read the following conditions, and I agree to the following conditions:***

- I will follow normal school rules while on this trip.
- I will follow directions of teachers and adults while on this trip.
- I will act in an appropriate and reasonable manner while on this trip.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_