OLE! 2015
Year 9 & 10 Boys Surfing Safari
Information Package

The vision:

During Term 4, Week 1 all students in Years 3 - 10 will be involved in OLE! 2015.

OLE! Week is a compulsory and unique multi-day/overnight College event and OLE! stands for Other Learning Experiences. OLE! Week is a wonderful opportunity for Oxley students to explore new experiences with their peers in a supervised and supportive environment, and immerse themselves in activities we hope will extend and enrich their lives beyond the classroom, particularly with an outdoor, service or cultural focus.

Oxley College has contracted an outside provider, Lands Edge to conduct the Year 9 & 10 OLE! Boys Surfing Safari during Term 4, Week 1 (Tuesday October 6 to Friday October 9).

Program Summary:

The fundamental plan for the week will be to bus North from school to the Delicate Nobby Campground, located just outside Crescent Head. From then on, times, locations and activities will be decided upon each day with reference made to swell and weather conditions plus the desires and energy levels of the students.

Included in this package:

- Permission note
- Program outline
- Medical forms
- Equipment/packing list

The bus will depart Oxley College on Tuesday at 9.30am and return on Friday at approx. 3.00pm.
Students will need to bring their lunch on the first day

All notes are due back to Miss Lane in the library by Friday 14 August 2015.

Additional copies of information can be obtained from Miss Lane.
OLE! 2015
Year 9 & 10 Boys Surfing Safari
Permission Note

Please complete the following permission slip and medical forms and return to Miss Lane in the library by Friday 14 August 2015.

Student Details:
Surname: __________________________
First Name: _________________________ Tutor Group: ___________

I hereby give permission for my son to take part in the Year 9 & 10 Boys Surfing Safari conducted by Lands Edge during OLE! Week 2014: Tuesday 6 to Friday 9 October 2015.

Parent/Guardian Signature: _________________________ Date: ________________

I have returned the following forms (please circle):

- Lands Edge Consent Form Yes
- Medical Form Yes
- Asthma Management Plan (only if applicable) Yes / N/A
- Allergy Management Plan (only if applicable) Yes / N/A
Dear Parent/Carer

In consultation with your child’s school, Land’s Edge carefully considers the programming and locations for all Outdoor Education Programs. Your child’s safety and welfare are of utmost importance. Please ensure all sections and boxes on this form are completed on each page. If there is no relevant information to be supplied, please write N/A in the space provided. We ask that you assist us by ensuring the following matters are addressed:

**Medicines**
Details about any medications required by your child must be provided on the medical form. All medicines are to be clearly labelled with your child’s name. If medication needs to be administered by anyone other than your child, please provide specific instructions for administration prior to your child participating in any Land’s Edge programming.

**Asthma**
If your child suffers asthma, the **Asthma Management Plan** must be completed prior to your child participating in Land’s Edge programming. If your child has ever been hospitalised due to an Asthma-related condition, this must be detailed on the Asthma Management Plan irrespective of the last occurrence. Land’s Edge recommends an Asthma Foundation Action Plan is completed with your medical practitioner and provided.

**Allergies**
Details of any allergies your child suffers must be provided on the **Allergic Reaction Management Form**. Details of medications required during the program must be provided along with details of last occurrences. If your child has medically diagnosed Anaphylaxis, Land’s Edge requires a copy of the ASCIA ‘Action Plan for Anaphylaxis’ form completed by your medical practitioner.

**Tetanus**
Land’s Edge recommends that your child’s tetanus immunisation is up to date prior to commencement of any Land’s Edge programming.

**Fractures/Dislocations/Sprains**
Details about any fracture, dislocation or sprain/s that have occurred in the last three years should be provided. If necessary, Land’s Edge will modify activities if your child is prone to fractures or has a history of recurring sprains or dislocations.

**Eye Care**
Land’s Edge recommends spare sets of glasses and contact lenses for any child needing to wear them. Head straps for glasses and lens cleaning kits are recommended. Please ensure your child knows how to care for contact lenses while participating in Land’s Edge programs.

**Keeping Dry and Warm**
Land’s Edge’s recommended gear list ensures participants are adequately prepared for all weather conditions – please consider it closely and ensure a reasonable quality rain jacket or coat is provided.

**Strapping Tape**
Some participants require joints to be strapped for sporting activities. If your child normally requires tape, please provide sufficient tape for Land’s Edge programming and if necessary, supply non-allergenic tape.

**Mobile Phones**
Land’s Edge requires students leave mobile phones at home for the duration of programming. In an emergency, Land’s Edge can be contacted at all times. Phone numbers will be provided to participating schools and parents ahead of programming.

**Special Considerations**
Please contact Land’s Edge or your school coordinator if there is anything further we should know about your child. Confidentiality is assured.

**Discontinuation of Program**
In the event of your child being unable to complete Land’s Edge programming, collection of your child will be required either by the school or parents. Directions will be provided by Land’s Edge staff should collection be necessary.

Thank you for your time completing these forms. Land’s Edge looks forward to providing a safe and enjoyable Outdoor Education experience for your child.

Kind regards

Antony Butcher & Fleur Harmelin
Directors

Land’s Edge
PO Box 256
Gerringong NSW 2534
www.landsedge.com.au
Consent and Indemnity Form and Risk Warning - STUDENT

(To be filled in by parent or guardian if participant is under 18 years old)

I, ____________________________________________ am aware in signing this document for my daughter/son/ward’s participation in a Land’s Edge Program, that certain elements of the program could be **physically** and **emotionally** demanding. Furthermore, I acknowledge that in providing me with this document, Land’s Edge has explained to me and/or my daughter/son/ward that certain **inherent physical and/or emotional risks** and **dangers** exist in the activities in which my daughter/son/ward will be participating. I acknowledge that while Land’s Edge and its staff will make every **reasonable effort** to teach my daughter/son/ward **proper outdoor techniques** and to **minimise exposure** to **known risks**, all **hazards** and **dangers** associated with these activities cannot be foreseen or may be beyond the control of Land’s Edge and its instructors or staff.

I have **read** and **filled in** the attached **Medical Form and Asthma/Allergic Reaction Management Forms**. I have also read the **Equipment List** and will ensure that all items listed will be brought to the Land’s Edge Program and they will be in good working order. I understand that this is a condition of participation in the Program.

My daughter/son/ward will fully comply with Land’s Edge safety standards and procedures as outlined by Land’s Edge staff, operators and agents for each activity in which they participate. Failure to abide by these guidelines could compromise the safety and wellbeing of other participants and staff. I agree that if my daughter/son/ward suffers illness or injury during the course of Land’s Edge activities, Land’s Edge staff, operators and agents can at my cost arrange appropriate medical treatment and emergency evacuation services, as they deem essential for their safety. I acknowledge that this agreement shall be governed in all respects by and interpreted in accordance with the laws of Australia.

☐ Land’s Edge employs a professional photographer from time to time to take general photographs of Land's Edge activities and programs for use by Land's Edge only. Should you wish for your child NOT to be involved, please tick this box.

<table>
<thead>
<tr>
<th>Student Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian's Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian’s Name:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

V 06/2013
Land’s Edge Medical Form - STUDENT

Information provided on this medical form is confidential. It will not be reused, rented, loaned, sold or otherwise disclosed to a third party except with prior written permission from parents. Information provided will not be used to restrict activities. Rather, it enables Land’s Edge to adequately prepare suitable programming for your child.

**Please ensure all sections and boxes on this form are completed on each page. If there is no relevant information to complete, please write N/A in the space provided.**

**STUDENT DETAILS**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Male</td>
</tr>
<tr>
<td>Medicare Number:</td>
<td>Female</td>
</tr>
<tr>
<td>Private Health Insurance Provider:</td>
<td>Number:</td>
</tr>
</tbody>
</table>

**EMERGENCY CONTACT DETAILS**

<table>
<thead>
<tr>
<th>Parents Name:</th>
<th>Contact Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents Address:</td>
<td>Mobile:</td>
</tr>
<tr>
<td></td>
<td>Work:</td>
</tr>
</tbody>
</table>

**2ND EMERGENCY CONTACT DETAIL IF PARENT CAN NOT BE CONTACTED**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to student:</td>
<td>Mobile:</td>
</tr>
<tr>
<td></td>
<td>Work:</td>
</tr>
</tbody>
</table>

**FAMILY DOCTOR’S DETAILS**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

**SWIMMING ABILITY**

Please circle your child’s swimming ability in beach/ocean conditions

VERY CONFIDENT
CONFIDENT
NON CONFIDENT

**MEDICAL HISTORY/DETAILS**

<table>
<thead>
<tr>
<th>Date of last tetanus inoculation:</th>
<th>(current inoculation recommended)</th>
</tr>
</thead>
</table>

**Does your child have any illnesses or disabilities?** (i.e. high blood pressure, heart/lung condition, asthma, allergy, diabetes, epilepsy, dyslexia, vision impaired, deafness).

Yes  No

If YES, please give details:

If your child suffers from ASTHMA or an ALLERGY you must complete the appropriate management plan following.

<table>
<thead>
<tr>
<th>Has your child ever been hospitalised for any of the above conditions?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes  No</td>
<td></td>
</tr>
</tbody>
</table>

If YES, please give details:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Does your child currently take any form of medication?</td>
<td></td>
</tr>
<tr>
<td>If YES, please give details:</td>
<td></td>
</tr>
<tr>
<td>Does your child have any past injuries?</td>
<td></td>
</tr>
<tr>
<td>If YES, please give details and state how recent:</td>
<td></td>
</tr>
<tr>
<td>Has your child undergone surgery in the past 3 years?</td>
<td></td>
</tr>
<tr>
<td>If YES, please give details and state how recent:</td>
<td></td>
</tr>
<tr>
<td>Has your child ever suffered from a stress-related illness?</td>
<td></td>
</tr>
<tr>
<td>If YES, please give details:</td>
<td></td>
</tr>
<tr>
<td>Does your child have any other medical conditions that Land’s Edge should be aware of?</td>
<td></td>
</tr>
<tr>
<td>If YES, please give details:</td>
<td></td>
</tr>
<tr>
<td>Does your child have any special dietary requirements i.e. vegetarian/allergies?</td>
<td></td>
</tr>
<tr>
<td>If YES, please give details:</td>
<td></td>
</tr>
</tbody>
</table>

**Important Notice:**
I acknowledge that Land’s Edge first aid kits contain the following medications or generic equivalent. These medications would only be administered if required.

(Please circle medications that **ARE NOT** to be administered)

- Paracetamol 500mg
- Imodium 50mg
- Mylanta 10mg
- Ventolin 100mg
- Gastrolyte 5.2g
- Senokot 7.5mg
- Loratadine/Antihistamine 10mg
Land’s Edge Allergic Reaction Management Form - STUDENT

Does your child have any known allergies  

[ ] NO  [ ] YES  if YES, please complete this page

Does your child have ANAPHYLAXIS  

[ ] NO  [ ] YES  if YES, an ASCIA ‘Action plan for Anaphylaxis’ must accompany this allergy management form

This information will assist Land’s Edge staff to take the appropriate precautions for your child. If necessary, seek the advice of your medical practitioner when completing this form.

Student’s name:

[ ]

Allergic to:

[ ]

What are the signs and symptoms of the reaction?

[ ]

Please give details of medication doses?

[ ]

What treatment is followed if an allergic reaction occurs?

[ ]

Is the reaction:  (please circle your answer)

| A systematic reaction? (any rash, itching, swelling away from site) | YES *  | NO * |
| An anaphylactic reaction? (severe breathing problems, swelling of the body, emergency situation) | YES *  | NO * |
| Is there a family history of anaphylaxis? | YES *  | NO * |
| Has an allergic reaction ever required hospitalisation? | YES *  | NO * |
| Is adrenaline (epipen/anapen) administered if a reaction is suffered? | YES *  | NO * |

* If ‘yes’ has been answered to any of the above questions, the following steps are recommended before participation in a Land’s Edge program:

• Student’s medical practitioner must be consulted about participation in Land’s Edge programming
• Student’s participation in Land’s Edge programming depends on full agreement by medical practitioner, the student’s parents/guardians and Land’s Edge management.

The medical practitioner must be advised that:

• The child may be up to an hour from medical or hospital attention during residential programming
• The child may be an extended period of time away from medical or hospital attention during semi-remote programming
• All Land’s Edge staff have current first aid qualifications and will be with your child’s group for the duration of the program.
Land’s Edge Asthma Management Form - STUDENT

Does your child have Asthma  NO  YES  if YES, please complete this page

This level of information is recommended as a minimum by the Asthma Foundation. This information will assist Land’s Edge staff to take the appropriate precautions for your child. If your child has mild to severe asthma, Land’s Edge recommends you seek the advice of your medical practitioner and that an ‘Asthma Action Plan’ accompanies this management form where possible.

Student Name:

Regular medication taken for asthma:

Dosage:

Additional medication to be administered during an attack:

The medications listed above must be supplied while participating in Land’s Edge programs.

Expected best peak expiratory flow reading:

Peak expiratory flow reading requiring extra medication:

Peak expiratory flow reading when advisable to seek medical assistance:

Known trigger factors:  (please tick and comment on appropriate item/s)

<table>
<thead>
<tr>
<th>Trigger Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dust of any sort, in sufficient quantities</td>
</tr>
<tr>
<td>Sudden change in temperature</td>
</tr>
<tr>
<td>Grass and weed pollens</td>
</tr>
<tr>
<td>Mould</td>
</tr>
<tr>
<td>Atmospheric pollution</td>
</tr>
<tr>
<td>Vigorous exercise</td>
</tr>
<tr>
<td>Contact with animals</td>
</tr>
<tr>
<td>Other (please detail)</td>
</tr>
</tbody>
</table>
**Land’s Edge ‘North Coast Surf Safari’**  
**Clothing & Equipment List**

The following list outlines the clothing and equipment that Land’s Edge recommends be brought with you on your program. We have highlighted items that are essential and must be brought. The list has been developed so that all activities and weather scenarios are catered for.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waterproof jacket</strong></td>
<td>Waterproof breathable fabric is best, allow you to be active &amp; not sweat. Mid thigh length with a hood, zipper or button up front. <strong>Must be 100% waterproof.</strong> Please no lined or padded jackets</td>
</tr>
<tr>
<td><strong>2 pairs of shoes</strong></td>
<td>A good pair of runners for walking and games. The second pair is for getting wet and dirty.</td>
</tr>
<tr>
<td><strong>4 pairs of socks</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2 pairs of long pants</strong></td>
<td>1 pair for daytime, demin is ok, and 1 pair of warm fleece material for cold evenings.</td>
</tr>
<tr>
<td><strong>4 t-shirts</strong></td>
<td>Old ones</td>
</tr>
<tr>
<td><strong>1 pair of shorts</strong></td>
<td>Comfortable for walking in</td>
</tr>
<tr>
<td><strong>2 jumpers</strong></td>
<td>Wool or polar fleece – NOT COTTON</td>
</tr>
<tr>
<td><strong>2 long sleeve shirts</strong></td>
<td>Excellent for keeping the sun off and staying cool</td>
</tr>
<tr>
<td><strong>Underwear</strong></td>
<td>As many as you see fit</td>
</tr>
<tr>
<td><strong>Sun hat</strong></td>
<td>Preferably a broad brimmed hat or at least a cap</td>
</tr>
<tr>
<td><strong>Beanie</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sunglasses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Thermal pants and top</strong></td>
<td>Not cotton, must be poly-propylene or fine weave wool</td>
</tr>
<tr>
<td><strong>Sleeping bag</strong></td>
<td>Down filled recommended, (rated to 5c is ideal). Bags that compress into a small stuff sack are best. Bulky cotton bags are not suitable</td>
</tr>
<tr>
<td><strong>Sleeping Mat</strong></td>
<td>Body length Thermarest or closed cell foam sleeping mat</td>
</tr>
<tr>
<td><strong>Inner sheet</strong></td>
<td>A silk or fleece sheet for inside you bag adds warmth and comfort. It also protects your bag from getting dirty</td>
</tr>
<tr>
<td><strong>Water bottle</strong></td>
<td>You must be able to carry a minimum of 2 litres of water. Recycled plastic bottles are suitable</td>
</tr>
<tr>
<td><strong>Torch</strong></td>
<td>A head torch or small hand held variety with spare batteries</td>
</tr>
<tr>
<td><strong>Toiletries</strong></td>
<td>Just the basics, toothbrush and paste etc. no aerosols please</td>
</tr>
<tr>
<td><strong>Sunscreen</strong></td>
<td>30+ water resistant</td>
</tr>
<tr>
<td><strong>Pocket money</strong></td>
<td>A small amount for travel stops</td>
</tr>
<tr>
<td><strong>Towel</strong></td>
<td>For the beach and showering</td>
</tr>
<tr>
<td><strong>Utensils</strong></td>
<td>Cup, plate, bowl, knife, fork, spoon and tea towel</td>
</tr>
<tr>
<td><strong>Personal 1\textsuperscript{st} aid kit</strong></td>
<td>Strapping tape, band aids, antiseptic cream and tweezers</td>
</tr>
<tr>
<td><strong>Garbage bags</strong></td>
<td>2 heavy duty bags to waterproof clothing and equipment</td>
</tr>
<tr>
<td><strong>Insect repellent</strong></td>
<td>no aerosols please</td>
</tr>
<tr>
<td><strong>Personal medication</strong></td>
<td>Any personal medication you are currently taking</td>
</tr>
<tr>
<td><strong>Camera</strong></td>
<td>Optional, with a protective case of zip-loc bag</td>
</tr>
<tr>
<td><strong>Day pack</strong></td>
<td>To be used for days activities</td>
</tr>
</tbody>
</table>

Your Land’s Edge Program is designed for both lightweight travel and camping.

**Important Notice:** This need not be an expensive exercise! Please ask friends or neighbours who have been on Outdoor Education programs before and have some of this equipment. We recommend that borrowing from these sources be undertaken prior to purchasing the equipment.