OLE! Week 2017
Year 9 and 10 MTB Adventure
Information Package

The vision:

During Term 4, Week 1 all students in Years 3 - 10 will be involved in **OLE! Week 2017.**

OLE! Week is a compulsory and unique multi-day/overnight College event and **OLE!** stands for **O**ther **L**earning **E**xperiences. 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.

Programme Summary:

The MTB Adventure is a new addition to the OLE! programme. Tackle the country's most fun mountain bike tracks in Canberra! This exciting trip is based in Majura Pines where paths weave through the forest just waiting to be explored on bikes, right outside the back door of your bunk style accommodation. You will learn mountain bike skills and go adventuring on the fun flowing trails of Sparrow Hill, Bruce Ridge, Kowen Forest and the iconic world class mountain bike park at Mount Stromlo. Bring your sense of adventure and plenty of energy for this new addition to our outdoor education programme!

Included in this package:

- Permission note
- Medical forms
- Packing list

The bus will depart Oxley College on Monday at 8:45am and return on Friday at approx. 3.00pm.
Students will need to bring their own morning tea and lunch on the first day.

All completed notes and forms are due back to Miss Lane in the library by Friday 25 August 2017.

If you have any concerns or queries regarding this OLE! activity please do not hesitate to contact our Co-Curricular Administrator, Miss Natalie Lane, on natalie.lane@oxley.nsw.edu.au.

OLE! Week 2017
Year 9 and 10 MTB Adventure
Permission Note

Please complete the following permission slip and medical forms and return to Miss Lane in the library by **Friday 25 August 2017**.

Student Details:

Surname: _____

First Name: _____ Tutor Group: _____

I hereby give permission for my son/daughter to take part in the Year 9 and 10 MTB Adventure activity during OLE! Week 2017: Monday 9 to Friday 13 October 2017.

Parent/Guardian Signature: _____ Date: _____

I have returned the following forms (please circle):

Permission Note	Yes
Medical Form	Yes
Asthma Management Plan (only if applicable)	Yes / N/A
Allergy Management Plan (only if applicable)	Yes / N/A

PACKING LIST
MTB ADVENTURE 2017

Checklist	
	Morning tea and lunch for the first day
	Water bottle that fits properly into a cycling bottle cage
	Lightweight rain jacket
	Hat/cap
	Swimming costume (in case of bad weather we could swim at an indoor pool)
	Towel
	Toiletries + sunburn cream + personal medications
	Underwear and socks
	Sensible clothes for wearing around camp (Jeans, tracksuit pants, shorts, tshirts etc)
	Warm jacket/jumper for wearing at night if it is cold
	Clothes for riding in (N.B: We will be able to wash these each night to be worn again):
	- Sneakers
	- Bike shorts with a chamois would be a great investment in comfort for the week (and you can keep them for future cycling adventures). The Fixed Wheel in Bowral will put in a special order for our group, so this would be the ideal place to buy them. You can wear them on their own or wear a light pair of shorts (like Oxley sports shorts) over the top if you prefer. You may also wear ordinary unpadded shorts, but thin, synthetic materials will be more comfortable than bulky thick fabrics. "Jean" type shorts are NOT suitable.
	- Jersey/tshirt – synthetic cycling jerseys are perfect as they have pockets out of the way on your lower back (where the contents will not fall out or get in the way of your pedalling action, as they will with shorts pockets) and quick dry fabric stops you feeling sweaty. Otherwise, any synthetic, quick-dry t-shirt will be better than cotton tshirts).
	- Lightweight jacket in case we ride in cold weather
	- Helmet – if you have one, please bring it, or you can get one with your bike hire
	- Full finger cycling gloves to protect hands (available at the Fixed wheel)
	Pillow case
	Fitted sheet
	Sleeping bag
	Small amount of money for snacks
	Spare pair of shoes in case shoes you wear riding get wet
	Torch (night games/walks after dark)
	Camera or phone for taking photos is optional (don't forget the charger)
	Sunglasses optional

Student's Medical and Medication Administration Form

Confidential

NAME:	**D.O.B:** ___/___/_____ **Male** ☐ **Female** ☐		
SCHOOL YEAR:			
Parent or Guardian – Primary Emergency Contact:			
Name:	**Relationship:**		
Phone: (Home):	(Work):	(Mobile):	
Doctor's Name:	**Telephone:**		
Medicare No: ☐☐☐☐☐☐☐☐☐☐	**Expiry Date: /**	**Place on Card:**	

MEDICAL HISTORY/ALERTS	*Please tick either* ***Yes or No*** *to all Questions*		***Provide detailed information****: How serious is it? What is it? When? Has it fully recovered? Any known triggers? Is it self-managed? Anticipated special management needed?*
Asthma	[ ] No	[ ] Yes	If YES, complete the **"Asthma Management Form"**
Allergies	[ ] No	[ ] Yes	If YES, complete the **"Allergenic Reaction Management Form"**
Diabetes	[ ] No	[ ] Yes	If YES attach current management/care plan (provide own).
Epilepsy	[ ] No	[ ] Yes	If YES attach current management/care plan (provide own).
Joint/muscle/bone problems?	[ ] No	[ ] Yes	If YES attach current management/care plan (provide own).
Sight/hearing impairment	[ ] No	[ ] Yes	If YES attach current management/care plan (provide own).
Any serious injuries/illness in the last 12 months?	[ ] No	[ ] Yes	If YES attach current management/care plan (provide own).
Is your child currently on any medications?	[ ] No	[ ] Yes	***Please name the medication and dosage***
Other medical conditions	[ ] No	[ ] Yes	If YES attach details on a separate sheet
Immunisation complete	[ ] No	[ ] Yes	If YES attach immunisation record

In the event of an emergency the College may call for an ambulance on our behalf:
Yes ❒ No ❒

Student's Medical and Medication Administration Form

Confidential

K – 6 Students only		
Should my child present to First Aid with a headache, pain, fever, I authorise staff to administer the following medication:	Panadol	❒
7 – 12 Students only		
Should my child present to First Aid with a headache, pain, fever, I authorise staff to administer the following medication:	Panadol Nurofen Codral Cold and Flu Naprogesic (girls only)	❒ ❒ ❒ ❒
7 – 12 Students only		
Should my child present to First Aid with hayfever allergies, allergenic reactions to insect bites, I authorise staff to administer the following medication:	Telfast	❒

DIETARY

Any special requirements?	[ ] No	[ ] Yes	If vegetarian, does your child eat: fish ❒ white meat ❒

SWIMMING ABILITY

My child can swim 50metres	[ ] No	[ ] with a struggle	[ ] Comfortably	[ ] Strongly

I declare that the information which I have provided on this form is complete and correct and that I will notify the school if any changes occur. I authorise the teacher or any employee of Oxley college who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for Oxley College to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child. I give permission for Oxley College to retain this form for statutory archival requirements.

Signed: _____(Parent/Guardian) Date: _____

Asthma Management Form

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Student's Name:

Name of Doctor treating student for this condition:	
Doctors Phone Number:	

USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma:

☐ Wheeze	☐Tight Chest	☐Cough	☐ Difficulty breathing	☐Difficulty talking	☐Other

Signs student's asthma is getting worse:

☐ Wheeze	☐Tight Chest	☐Cough	☐ Difficulty breathing	☐Difficulty talking	☐Other

Student's Asthma Triggers:

☐ Cold/flu	☐Exercise	☐Smoke	☐ Pollens	☐Dust	☐Other (Describe)

ASTHMA MEDICATION REQUIREMENTS (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	**Method (e.g. puffer & spacer, turbuhaler)**	**When and how much? (e.g. 1 puff in morning and night, before exercise)**

Does the student need assistance taking their medication? Yes No

If yes, how:

ASTHMA FIRST AID PLAN (Please tick preferred Asthma First Aid Plan)

School Asthma Policy for Asthma First Aid **Preferred Plan** ❒

Step 1. Sit the person upright
- Be calm and reassuring
- Do not leave them alone

Step 2. Give medication
- Shake the blue reliever puffer
- Use a spacer if you have one
- Give 4 separate puffs into a spacer
- Take 4 breaths from the spacer after each puff

*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer. Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them.

Step 3. Wait 4 minutes
- If there is no improvement, repeat steps 2

Step 4. If there is <u>still</u> no improvement call emergency assistance **(DIAL 000).**
- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance

Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse.

OR

Student's Personal Asthma First Aid Plan (if different from School Policy for Asthma First Aid)

Preferred Plan ❒ **Page 4**

In the event of an asthma attack, I agree to the participant receiving the treatment described above. (Notify in writing if there are any changes to these instructions)

KEY QUESTIONS

a.	Has asthma interfered with participation in physical exercise within the past 12 months	NO	☐	YES	☐
b.	Has the student required hospitalisation due to asthma in the past 12 months?	NO	☐	YES	☐
c.	Has the student been on oral cortisone for asthma within the past 12 months (e.g. Prednisone, Cortisone, etc)?	NO	☐	YES	☐
d.	Has the student suffered sudden severe asthma attacks requiring hospitalisation within the past 12 months?	NO	☐	YES	☐
e.	Does the student require the use of a nebulising pump as a part of your regular or emergency asthma treatment?	NO	☐	YES	☐

IMPORTANT NOTES

I declare that the information provided on this form is complete and correct and that I will notify the school if any changes occur. I further declare that if my child is unable to self-administer supplied medication, I give permission for Oxley College staff to administer the supplied emergency medication. I give permission for Oxley College to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for Oxley College retain this form for statutory archival requirements.

Name:	Signature:	Date:

Allergenic Reaction Management Form

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Student's Name:

Name of Doctor treating student for this condition:

Doctors Phone Number:

What is the student allergic to?

☐ Bites	☐ Foods	☐ Medications	☐ Stings	☐ Other

Please specify:

What are signs and symptoms of the student's reaction?

☐ Low - a localised reaction (rash, itching, swelling at the site the poison/irritant enters)

☐ Moderate - a systemic reaction (rash, itching, swelling away from the site that poison/irritant enters)

☐ Severe - an anaphylactic reaction (severe breathing problem, total body swell, emergency situation)

Please give details:

What medication does the participant take (if any) for their allergic reaction?

Medication and treatment to be used during emergency situations

KEY QUESTIONS

	Has the student required hospitalisation due to allergies in the past 12 months?	NO	☐	YES	☐
	Has the student suffered a systemic or an anaphylactic reaction (see question 2 for definition), to their allergy when triggered in the last 10 years?	NO	☐	YES	☐
	Does the student take, or has the student been prescribed, adrenaline (Epi-pen or similar), when suffering an allergic reaction?	NO	☐	YES	☐

IMPORTANT NOTES:

I declare that the information provided on this form is complete and correct and that I will notify the school if any changes occur. I further declare that if my child is unable to self-administer supplied medication, I give permission for Oxley College staff to administer the supplied emergency medication. I give permission for Oxley College to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child. I give permission for Oxley College retain this form for statutory archival requirements.

Name:	Signature:	Date: