



OLE! Week 2017

Year 5 and 6 Outdoor Experience

'Discovering Yarramundi, Discovering Me'

Information Package

The vision:

During Term 4, Week 1 all students in Year 5 and 6 will be involved in **OLE! Week 2017**.

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, **YMCA NSW** to conduct the four day/three nights Year 5 and 6 OLE! Experience during Term 4, Week 1 (Tuesday October 10 to Friday October 13). Students will attend Oxley College as per normal on Monday 9 October and participate in activities on-site, then upon arrival at school on Tuesday they will board a coach and travel to Camp Yarramundi, located on the heritage listed Grose River in the beautiful Hawkesbury Valley, where they will stay until the end of the week. During their time at Camp Yarramundi students will participate in a tailored outdoor education programme of team building, navigation, and confidence building activities through the mediums of kayaking, cave mazes, orienteering and more. The programme is run in conjunction with global outdoor education partner, YMCA NSW.

Programme Summary:

Set in natural bushland at Yarramundi in the Hawkesbury Valley, this four day 'Discovering Yarramundi, Discovering Me' programme offers a range of activities designed to build confidence and resilience, encourage team work and communication, and inspire initiative and critical thinking.

Visit the YMCA NSW website for further details: <http://camping.ymcansw.org.au/camp-yarramundi>

The bus will depart Oxley College on **Tuesday** at 9.00am and return on Friday at approximately 3.00pm.

Included in this package:

- Permission note
- YMCA NSW Medical and Consent form
- Equipment/packing list

All notes are due back to the classroom Teacher by Friday 25 August 2017.

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



OLE! Week 2017

Year 5 and 6 Outdoor Experience

Permission Note

Please complete the following permission slip and medical forms and return to the classroom Teacher by Friday 25 August 2017.

STUDENT DETAILS

Surname: _____

First Name: _____

Year: _____

I hereby give permission for my son/daughter to take part in the Year 5 and 6 Outdoor Experience conducted by **YMCA NSW** during OLE! Week 2017: Tuesday 10 to Friday 13 October 2017.

Parent/Guardian's Signature: _____ Date: _____

I have completed and now return the following information (please circle):

YMCA NSW Medical and Consent Form Yes

Oxley College Permission Note Yes

YMCA Camp Yarramundi & Deeimba Camp Guidelines & Gear Checklist



CAMP GUIDELINES:

- Never leave camp or activity areas without permission
- All activities must be supervised by an instructor and a teacher
- Listen to and follow instructors' guidelines and instructions
- Closed in shoes and a hat must be worn at all times
- Respect male and female areas. Enter no room other than your own
- Respect the natural environment. Please use the bins provided and do not damage the bush.
- No pocket knives, glass, or valuables please (this includes iPods, mobile phones, etc)
- All accidents/damage to equipment must be reported. Wilful damage must be paid for by the individuals involved
- The food is plentiful, so please refrain from bringing lollies etc. No gum please.
- Respect others after lights out. There should be no need to leave your dorm / cabin after lights out
- Every group is responsible for the ongoing cleanliness of their rooms, and the camp in general.
- Do not tamper with Fire Fighting equipment. Damage will incur a minimum charge to the individual of \$280.
- Do not enter out of bounds areas detailed upon arrival
- Drink water only from the identified tank & carry a water bottle filled before each activity
- Please do not run around the campsite
- Fires are to be lit only by instructors in designated camp fire areas
- Swimming is only allowed when supervised by a camp instructor
- Activities are only to be accessed during allocated activity time

GEAR CHECKLIST:

- Sleeping bag and pillow
- Water Bottle
- Raincoat / Wet weather gear (regardless of forecast)
- Hat
- Sunscreen
- Day Pack (small back pack for day walks etc.)
- Torch
- Toiletries
- Insect Repellent
- Towels (2)
- Camera (optional)
- Sturdy closed-in shoes (to be worn at all times while at camp – thongs / sandals **are not** appropriate for day wear)
- 2nd OLD pair of closed-in shoes in case your shoes get wet (or to be used if kayaking)
- Sandals with a back-strap can be worn if kayaking (not thongs)
- T-Shirts
- Shorts (suitable for harness wear)
- Underwear and socks
- Long pants (appropriate for the season)
- Jumpers / Jackets (appropriate for season)
- Pyjamas
- Swimmers (appropriate for season)
- Garbage Bag for Wet / Dirty Clothes
- Souvenir money and coins for vending drink machines (optional)

NB: Please nametag all items and please ensure all medication is labelled clearly and passed onto the organising teacher



Medical & Consent Form - Student

Name of Student:				
Address:				
Age:	D.O.B:	/ /	Sex:	Height: Weight:
Emergency Contact: Name:				
Phone:	(hm)	(wk)	(mob)	
Medicare Number:	No. on Card:	Ambulance Cover: Y / N :		
Private Medical Cover; Y / N:				(details)
Doctor's Name:			Phone:	
Does your child suffer from: any chronic injury or illness ? Y / N: _____(details)				
: Asthma ? Y / N : Triggers: _____(details)				
Does your child have any allergies ? (eg drugs, food, plants) Y / N: _____(details)				
Does your child suffer from: Heart Problems ? Y / N: _____(details)				
: Blood Pressure ? Y / N: _____(details)				
Does your child have any emotional / behavioural disorders ? Y / N Phobias ? Y / N				
If yes please specify:				
Does your child require medication ? Y / N May we administer Paracetamol if required? Y / N				
Has your child been ill or required medical attention in the last four (4) weeks ? Y / N				
If yes please specify:				
If your child has seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.				
Date of last tetanus injection: _____ (if your child's tetanus is not current please see your doctor)				
Does your child: Wet the Bed ? Y / N Sleepwalk ? Y / N Suffer travel sickness? Y / N				
How would you rate your child's swimming ability ?				
<input type="checkbox"/> Unable – Nothing more than dog paddle <input type="checkbox"/> Poor – Basic strokes, only limited strokes beyond domestic swimming pool				
<input type="checkbox"/> Good – Strong swimmer, able to swim confidently in a variety of water conditions				
<input type="checkbox"/> Excellent – Very strong and confident, could swim 50 mtrs fully clothed (Please give details of swimming certificates attained eg Bronze Medallion)				
Special Dietary Requirements ?				
Activity Restrictions ? See attached list.				
Nb/ Activities are chosen to suit the age and ability of campers _____				
Campers will not have sufficient time to do all activities _____				
If there is insufficient space please attach separate page with details _____				

PARENT or GUARDIAN CONSENT

As parent / guardian I understand that the YMCA NSW and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child / ward's participation in activities of a hazardous nature, though the YMCA NSW and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward, that may place him / her at greater than normal risk. I authorise the YMCA NSW and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the camp. Should my child/ward need to be returned home for any reason I will cover any associated costs.

I consent to my child/ward attending camp on this understanding.

Signature of Parent / Guardian

Full Name of Parent / Guardian

Date



Medical & Consent Form - Adult

Name:
Address:
Age: D.O.B: / / Sex: Height: Weight:
Emergency Contact: Name: _____ Phone: _____ (hm) (wk) (mob)
Medicare Number: No. on Card: Ambulance Cover: Y / N :
Private Medical Cover; Y / N: Details: _____
Doctor's Name: Phone: _____
Do you suffer from: any chronic injury or illness ? Y / N: _____ (details) : Asthma ? Y / N : Triggers: _____ (details)
Do you have any allergies ? (eg drugs, food, plants) Y / N: _____ (details)
Do you suffer from: Heart Problems ? Y / N: _____ (details) : Blood Pressure ? Y / N: _____ (details)
Do you require medication ? Y / N _____
Date of last tetanus injection: _____
How would you your swimming ability ? <input type="checkbox"/> Unable - Nothing more than dog paddle <input type="checkbox"/> Poor - Basic strokes, only limited strokes beyond domestic swimming pool <input type="checkbox"/> Good - Strong swimmer, able to swim confidently in a variety of water conditions <input type="checkbox"/> Excellent - Very strong and confident, could swim 50 mtrs fully clothed (Please give details of swimming certificates attained eg Bronze Medallion)
Special Dietary Requirements ? _____
Activity Restrictions ? See attached list. Nb/ Activities are chosen to suit the age and ability of campers _____ Campers will not have sufficient time to do all activities _____ If there is insufficient space please attach separate page with details _____

Participant Consent

I understand that the YMCA NSW and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my participation in activities of a hazardous nature, though the YMCA NSW and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting me, that may me at greater than normal risk. I authorise the YMCA NSW and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for myself in respect of any accidents or sickness at the camp. Should I need to be returned home for any reason I will cover any associated costs.

I consent to attending camp on this understanding.

_____	_____	_____
Signature of Participant	Full Name of Participant	Date