Dear Parents,

Please find detailed information regarding the Grade 5 Camp to be held at Weekaway. The information below is a guide for you to follow to assist in preparing for the camp.


**Dates:**

- Wednesday November 7th, Thursday November 8th & Friday November 9th

**Cost:**

- $240.00

**Significant Dates:**

- **July 23rd 2012** (Monday) - Camp Participation Consent Forms A, B and C, Deposit Request, Confidential Medical Report for School Camp (Form D), Itinerary & Clothing List sent home.

- **September 7th 2012** (Friday) – Camp Information, Camp Participation Consent Forms A, B & C, Medical Form D, and the deposit of $70.00 to be returned to the school office. Medication Plans including Asthma and Anaphylaxis Plans should be updated by your doctor. Failure to provide an up-to-date plan may preclude the student from attending camp.

- **October 12th (Friday)** - Final Payment due - (No exceptions unless prior arrangement has been made with Trudi Jacobson. Please contact Trudi as early as possible if paying for the camp may be a problem. A long term payment plan can be developed or you may even be eligible to access funds through other organisations. Trudi can assist with this.)

- **November 7th** (Wednesday) – Depart for camp at 9:00am - Arrive at school between 8:15am and 8:30am **outside the MPR Building** with luggage, hat, snack, drink & lunch in disposable, named packaging.

- **November 9th** - Students return to school at 2:30pm. They must be collected by an adult and marked off the roll.

**CONFIRMED STAFF ATTENDING THE CAMP**

Todd Canobie, Luke Monaghan, Kim Kirkpatrick and Aimee Welton  (Others to be finalised)
ADVENTURE ACTIVITIES AT CAMP MAY INCLUDE:

**Go Go Golf** - In this activity the students learn how to play golf on a modified golf course which is situated on site, using modified equipment.

**Canoeing** - This activity develops canoeing skills as well as focuses on cooperation and communication skills. It creates an awareness and understanding of the local environment.

**Flying Fox** – The students are secured in a secure harness and they launch themselves from a platform. This activity promotes self-confidence and self-awareness.

**Hut Building** – In teams the students construct huts from available materials. This activity requires problem solving skills and for students to work co-operatively with others to achieve a goal.

**Mountain Biking** - The students are taught techniques to deal with riding on uneven surfaces, using lever brakes, riding with gears and the importance of safety and communication when riding. There are numerous obstacles for the students to progress through as they build confidence with their riding skills.

**Bush Rescue** – In teams students participate in First Aid rescue scenarios. This activity requires students to co-operate, collaborate and make decisions in order to solve problems.

**Glow Trail** – In the evening the students use their torches whilst negotiating the nature trail. This activity develops fitness, orienteering skills, team work skills and self reliance.

**Camp Fire** – In the evening the students sit around the camp fire pit for story telling and word challenges. This activity builds a sense of community and is challenging.

All activities are supervised by appropriately trained staff. They are designed to be fun and challenging whilst developing specific skills. The school values are reinforced and reflected on, during the camp.

**You may choose to pay for the total cost of the camp now or later, or you may prefer to pay smaller, regular amounts commencing immediately so that the camp is paid before the October 12th deadline.** A variety of options are available including using ‘credit’ on your school account, BPay, Eftpos, by cheque or in cash.

Failure to meet the above timeline dates may mean that your child forfeits their place at camp. Please note that it is not possible to provide a refund if it is decided after October 12, that your child will not attend camp, as your money will have been forwarded to the appropriate organisations.

Todd Canobie
Camp Coordinator
Grade 5 Weekway Camp 2012

MINIMUM CLOTHING AND EQUIPMENT LIST FOR GRADE 5 WEEKAWAY CAMP

2 pairs of jeans / tracksuit pants
2 pairs of shorts
3 pairs of socks
3 changes of underwear
3 t-shirts / tops
1 pair pyjamas
2 jumpers or warm tops
Parka or raincoat or warm jacket
Warm hat / beanie / cap
1 pair comfortable walking shoes
Spare pair (old pair) of shoes for canoeing
1 towel
Garbage bag (for dirty clothing)
Torch
Sleeping bag (blankets supplied)
Pillow & Pillow case

Toiletries
  Soap
  Toothbrush and toothpaste
  Comb / brush
  Shampoo
  Sunscreen (Please ensure your child knows how and when to apply/reapply)

Optional
  Camera
  Book
  Board game (indoor)
  Own bike helmet + gear

Valuables will be the child’s own responsibility

Please do not bring any of the following:
  Money
  Lollies & Chips or other snacks
  Any electronic devise

Please make sure that all belongings are clearly marked with the family name.
Grade 5 Weekaway Camp – Proposed Itinerary
7th November to 9th November 2012

Wednesday 7th:
8:15 – 8:30 Assemble at MPR
9:00 Buses depart for camp
11:00 Arrive at camp
Settle in, unpack, tour of camp
Lunch (To be provided by you in a disposable and named package)
2:00 – 3:00 Activity Round 1
3:00 Afternoon Tea
3:30 – 4:30 Activity Round 2
5:30 Dinner

Thursday 8th:
8:00 Breakfast
9:30 – 10:30 Activity Round 3
10:30 Morning Tea
11:00 – 12:00 Activity Round 4
12:30 Lunch
2:00 – 3:00 Activity Round 5
3:00 Afternoon Tea
3:30 – 4:30 Activity Round 6
5:30 Dinner

Friday 9th:
8:00 Breakfast
9:30 Pack up. Clean up. Emu Parade
10:00 Yabby Person
12:30 Lunch
1:00 Bus leaves for school

Activities
1. Canoeing
2. Hut Building
3. Go-Go Golf
4. Mountain Biking
5. Flying Fox
6. Bush Rescue

(When dropping off and collecting children, please do not park in the bus zone. When collecting your child please have their name marked off the roll.)
Grade 5 Weekaway Camp  7th, 8th & 9th November 2012

Department of Education and Early Childhood Development - Parent Camp Consent

Name of school:
Kennington Primary School
Phone: (03) 5443 2011    Fax: (03) 5441 7321
Email: kennington.ps@edumail.vic.gov.au
Website: www.kenningtonps.vic.edu.au

Title of excursion:
GRADE 5 WEEKAWAY CAMP
186 Kitchenhams Rd BENLOCH Vic.3435

Educational purpose of the program:
The camp is a part of the school's Outdoor Education & Physical Education Program and is designed to meet the following purposes:

- Development of organisational skills
- Development of cooperative living skills
- Meeting of appropriate personal and physical challenges
- Use of initiative and problem solving skills
- Further developing an appreciation the natural environment

Details of supervising staff:
All camp activities are conducted by qualified instructors from the camp.

Cost:
$240.00 per child

Payment Schedule:
Deposit $70.00 due Friday 7th September
Final Payment due Friday 12th October

Payment Options:
Smaller payments may be made prior to the due date.
Final payment must be received by Friday 12th October.

Name and contact details of the 24-hour school emergency contact:
(camp) 03 54291503  or 03 54291708 (During Meal Times)

Departure details
Buses will depart from Kennington Primary School for Weekaway Camp at 9.00am on the morning of Wednesday 7th of November.

Return details
Buses will return to Kennington Primary School at 2.30pm on Friday 9th November.
All students must be collected by an adult and marked off the class roll.
Distance from expert medical care:
Distance from Hospital: 30 km
Distance from ambulance: 15 km
Distance from doctor: 15 km

Accommodation arrangements:
Type of accommodation: Dormitory style accommodation.
Rooms have four to six bunk beds per room.

Travel arrangements:
Transportation provided by: Organs Coaches Kyneton. All buses used by KPS are fitted with seatbelts.

Adventure activities to be undertaken or that may be offered to students throughout the program:
Go Go Golf
Canoeing
Flying Fox
Hut Building
Mountain Biking
Bush Rescue
Glow Trail

Activities within this program present the potential for students to sustain physical injury. The following procedures will be implemented – along with other strategies – to manage the potential risks in the program.
All activities which present the potential for students to sustain physical injury eg flying fox, mountain biking and canoeing will be conducted by trained personnel. Appropriate staff ratios will be maintained. Appropriate safety equipment will be utilized. A risk management plan will be implemented.

A risk management plan for this program has been developed by staff and is available for parents to review on request.

Attachments
☑ Daily itinerary
☐ Group equipment list (if relevant)
☑ Clothing list
☑ Medical form
☐ Further location descriptions (if applicable)
Kennington Primary School
Grade 5 Weekaway Camp 2012
Department of Education and Early Childhood Development
November 7th - 9th 2012

Parent Camp Consent

(Please return Part A, Part B, Part C, the deposit of $70.00 and Medical Form D by Friday September 7th, or Part A only, if your child is not participating.)

Parent consent

I have read all of the attached information provided by the school in relation to the Grade 5 WEEKAWAY CAMP.

☐ I give permission for my daughter/son ____________________________ (full name) to attend the Weekaway Camp from Wednesday 7th November – Friday 9th November.

Parent/guardian: ____________________________ (full name)

______________________________________________ (signature) __________ (date)

In case of emergency I can be contacted on:

________________________ OR:

________________________

☐ I have attached $70.00 to this note
☐ I have attached $________ to this note
☐ I am in credit at the school office. Please deduct $________. (This will be verified by the school office.)

This note and appropriate payment must be forwarded to the school office by Friday 7th September to allow for bookings to be confirmed. Late notes and payment will not be accepted after this date unless prior arrangements with the Principal, Mrs Glenda Miller have been made.

OR

☐ I have read all of the attached information provided by the school in relation to the Grade 5 Weekaway Camp.

☐ I do not give permission for my daughter/son ____________________________ (full name) to attend the Weekaway Camp.

Parent/guardian: ____________________________ (full name)

______________________________________________ (signature) __________ (date)
(Please return Part A, Part B, Part C, the deposit of $70.00 and Medical Form D by Friday September 7th, or Part A only, if your child is not participating.)

Consider the following carefully before signing.

Student behaviour
'I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the camp, he/she may be sent home. I further understand that in such circumstances it will be my responsibility or an adult designated by me to collect my child from the camp.

Photograph/Digital images consent
'I consent to my child being photographed and/or visual images of my child being taken during activities for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.’ [Strike out if you do not consent]

Consent for emergency transportation
‘In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.’ An ambulance will be called in an emergency.

Student accident insurance
The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

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Child’s Name (please print)  Child’s Grade  Child’s Teacher

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Parent’s Name (please print)  Parent’s Signature

CAMP PHOTOGRAPHY PERMISSION
(Note this is for camp use and does not apply to staff members taking photographs)

CAMP NON PHOTO PERMISSION

☐ I do NOT give permission for Weekaway Camp Staff to photograph and/or film my child/ren whilst at camp. (These pictures or films may be used by Weekaway Camp for marketing purposes including advertising, websites, brochures or other publications.)

OR

☐ I do GIVE permission for Weekaway Camp Staff to photograph and/or film my child whilst at camp. (These pictures or films may be used by Weekaway Camp for marketing purposes including advertising, websites, brochures or other publications.)

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Child’s Name (please print)  Child’s Grade  Child’s Teacher

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Parent’s Name (please print)  Parent’s Signature  Date
This report is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Child’s Name ..................................................................................................................................................

Date of Birth ........................................ School Year ............................................................

Parent’s/Guardian’s Full Name ......................................................................................................................

Address ...........................................................................................................................................................

Telephone: After Hours .........................or Mobile .........................Business ..............................................

Medicare No. ..........................................................

Medical/Hospital Insurance Fund ................. Contribution No. .........................

Are you a member of the Victorian Ambulance Service  □ YES □ NO

Please tick if your child suffers any of the following:

□ Bed wetting □ Fits of any type □ Heart condition
□ Dizzy spells □ Sleepwalking □ Asthma
□ Blackouts □ Migraine □ Travel sickness □ Other

Please provide more information to Camp Organiser if you have ticked any of the above

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Allergies to:

□ Penicillin □ Any Foods □ Other Drugs □ Other allergies

Please provide more information to Camp Organiser if you have ticked any of the above

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Tetanus Immunisation:

Last tetanus immunisation was ............... If over ten years since immunisation, please tick if booster is to be arranged by parents before the camp. □ Booster date .........................

Tablets and Medicines

1. Is your child presently taking tablets and/or medicine? □ YES  □ NO
   If yes, please state name of medication, dosage etc
   .............................................................................................................................................................

2. All medicines must be handed to the teacher in charge prior to leaving, with the child’s name and dose to be taken and when it should be taken. (These will be kept in the First Aid Centre and distributed as required.)
   Please do not allow children to be in possession of any medicines while on the camp or excursion.

Previous Experience

Is this the first time your child has been away from home? □ YES □ NO

Consent to Medical Attention

I authorise the teacher in charge of the camp to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed ................................................................. Date .................................................................
Please complete the following and pass onto AP
EMERGENCY MANAGEMENT PLAN

Camp: Weekaway     Date: November 7th, 8th & 9th 2012

Address: 186 Kitchenhams Rd, Benloch Victoria 3435
Managers – Darren, Charlotte and Diane Burns

Distance from Expert Medical Care

Distance from hospital: Weekaway to hospital (Kyneton) 30km
Distance from ambulance: 15km
Distance from doctor: 15km

All activities which present the potential for students to sustain physical injury eg canoeing, Flying Fox and Mountain Biking will be conducted by trained personnel. Appropriate ratios will be maintained. Appropriate safety equipment will be utilised. A risk management plan will be implemented. The camp program is dependent on weather conditions and adjustment may be required in the case of inclement weather or fire restrictions and/or park closures.

STAFF AND PARENT ASSISTANTS ATTENDING THE CAMP

<table>
<thead>
<tr>
<th>School Staff &amp; Parents</th>
<th>Emergency Contact Person and Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Todd Canobie</td>
<td>#Hayfever</td>
</tr>
<tr>
<td></td>
<td>Janelle Canobie (0419580765)</td>
</tr>
<tr>
<td>Peter Dyer (parent)</td>
<td>#None Known</td>
</tr>
<tr>
<td></td>
<td>Sarah Dyer 54444670 (h)</td>
</tr>
<tr>
<td>Carolyn Briggs</td>
<td>#Asthma-Hayfever</td>
</tr>
<tr>
<td></td>
<td>Ken Briggs (Dad) 54421993</td>
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<tr>
<td>Kim Kirkpatrick</td>
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<tr>
<td>Carla Crameri</td>
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<tr>
<td>Male Student</td>
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<tr>
<td>Tushi</td>
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<tr>
<td>Mark Winter</td>
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<td>Sara Gregory</td>
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</tbody>
</table>

Emergency Contact Information - Mrs Glenda Miller / Mrs Trudi Jacobson
54432012 (school hours) 0418 500 461 / 0418 593 231 (after hours)

Police: 000
Ambulance: 000
Fire: 000
Approval Proforma for all Excursions and Activities Requiring School Council Approval

Department of Education and Early Childhood Development

This proforma details minimum requirements for council approval. It must be submitted to the principal for school council approval prior to the excursion.

All information on this proforma is required. Add attachments if necessary.

School councils are responsible for approving:

- overnight excursions
- camps
- interstate/overseas visits
- excursions requiring sea or air travel
- excursions involving weekends or vacations
- adventure activities.

A Notification of School Activity form should also be submitted to the Emergency & Security Management Branch of the Department three weeks prior to the excursion.

Sections with an * have explanatory notes included at the end of this document.

Ensure you have the most current version of this template
Download from the Safety Guidelines for Education Outdoors website at:

PROGRAM NAME, YEAR, LOCATION, DATE(S), TEACHER-IN-CHARGE

Name of program:
Year level(s):
Location(s):
* Date(s):
Name of teacher-in-charge:

* EDUCATIONAL PURPOSE

PROGRAM DETAILS

* Program outline, including:
  – Detailed daily itinerary (including morning, afternoon and evening activities)
  – Supervision strategy for all aspects of the itinerary
  – Alternative program in the event of changed circumstances

* Overnight accommodation
Type of accommodation
Accredited residential campsites  □ Tents/camping  □ Other

Physical location. For example, name, address, or map and grid reference.

Contact phone number(s):
– Residential campsite (if applicable)
– Staff mobiles
– Other

Adventure activities

Tick the adventure activities that have been planned to occur during the program:

☐ Abseiling  ☐ Base camping  ☐ Bushwalking
☐ Canoeing/kayaking – low  ☐ Challenge ropes course – high  ☐ Challenge ropes course – high
☐ Cycling  ☐ Horse riding  ☐ Indoor rock climbing
☐ Orienteering  ☐ Rafting  ☐ Rock climbing
☐ Sailing  ☐ SCUBA diving  ☐ Snorkelling
☐ Snow activities  ☐ Surfing  ☐ Swimming
☐ Water skiing  ☐ Windsurfing  ☐ Other:

The conduct of each activity will comply with the requirements outlined in the Safety Guidelines for that activity.

Staff providing instruction activities have read the relevant safety guidelines □ YES

A risk management plan for the excursion must be completed and attached with this submission. Guidance on the risk management process is available in the Resources section of the website under Risk management.

* Transport arrangements

☐ Internal  ☐ External  ☐ Both

Type of transports and seating capacity:

Will a member of the supervising staff be driving students? □ Yes  □ No
If yes, list driver(s).

Approximate distance between school and destination:

All transport requirements comply with Schools Reference Guide 4.10 (Transport) and VicRoads regulations. □ YES

<table>
<thead>
<tr>
<th>INCOME</th>
<th>EXPENDITURE</th>
</tr>
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<tbody>
<tr>
<td>Student Fees</td>
<td>Transport</td>
</tr>
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</table>
Other income:
- Food
- Accommodation
- Staffing
- Equipment

Other expenditure:

Total income:

Total expenditure

STUDENTS AND STAFF

Students

Number of female students:

Number of male students:

List required student preparation, if any:

* Supervising staff

Where possible all staff members including teachers, school support staff, parents, volunteers and external contractors should be listed. Indicate those who have a current first aid qualification. Indicate staff members with first aid and CPR training including the qualification or certification held.

DOCUMENTATION TO BE LODGED PRIOR TO DEPARTURE

Copies of the following completed documents will be lodged with the principal or nominee and the designated school contact, before the program commences.

- Signed informed consent from parents/guardians
- Completed medical form for all students and staff
- Detailed itinerary with specific locations and contact numbers
- A copy of map(s), including map name, access routes and grid references if required
- Staff and student equipment and clothing lists
- Group equipment list(s) if necessary
- A supervision plan that outlines staffing allocations for activities and for non-programmed periods. This may form part of the detailed itinerary. It must maintain at least the minimum prescribed staffing for adventure activities.
- Completed staffing details proforma
- Risk management plan
- Emergency response plan, including contacts for police, ambulance, doctor, hospital, fire brigade, 24-hour school emergency contact number. This is to be held by staff on the excursion and by the nominated school contact person
- Other school-specific information:
Acknowledgement by the teacher-in-charge that all required documentation indicated on this form will be completed prior to the program starting.

Teacher-in-charge:

<table>
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<tr>
<th>Name</th>
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Acknowledgement of receipt of approval proforma for activities requiring school council approval.

Principal:

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<td>Date</td>
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Approved and minuted at a school council meeting on _______ _______

School Council President:

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<th>Name</th>
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<tr>
<td>Date</td>
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</table>
Dates
Consider how the time of year may impact on the wider school program or the effect of seasonal weather conditions.

Educational purpose and program outline
Whatever you hope the students will learn from the program is its educational purpose. The program overview should give school council a basic understanding of how the program aims to achieve the educational purpose.

For example: A three-day residential camp including bushwalking and orienteering to encourage an understanding of the natural environment; develop team working ability; and, introduce map reading and navigational skills in an experiential way.

The supervision strategy should include the nature and level of supervision provided throughout the excursion or activity. You must consider all programmed and non-programmed periods.

Each different location in must be detailed, including the dates at each location. This will have an impact on transport requirements and the emergency response needs of the program.

Contact land managers to determine if permit or access requirements apply for activities that are conducted on public land or in state/national parks.

Joint excursions with other schools must be approved by each school council. Each school must submit an online notification to the Emergency Management and Security Branch.

Overnight accommodation
This includes all forms of overnight accommodation.

Residential camping is at sites with permanent facilities like dormitories, kitchen, showers, toilets, phones and recreation options.

Residential campsites operated or used by Victorian government schools must be accredited with a Department of Education and Early Childhood Development recognised accreditation provider. Refer to section 4.4.2.2.4 of the Schools Reference Guide for current accreditation providers.

When using venues that do not require accreditation such as caravan parks, motels/hotels or ski lodges, schools may wish to refer to the accreditation criteria of a recognised accreditation provider when developing their risk management plan.

Provide details of all accommodation being used with your submission to school council.

Transport
Internal transport is provided by school-owned or private, staff-owned vehicles. External transport is transport provided by contractors, parents or other external providers.

The parent consent form should include a statement advising parents if a private vehicle is used as part of the emergency management plan for a camp or excursion.

If a teacher or staff member will be driving students, the program should allow them adequate rest time prior to driving, consistent with the advice on the transport page of the Safety Guidelines.

Give careful consideration to securing equipment during transportation, including equipment on trailers, roof racks and inside vehicles.

Supervising staff
A Working with Children Check is required for staff members who will supervise students and who are not registered teachers. This does not apply to parent volunteers whose child is participating in the activity/excursion.
Kennington Primary School 2012
P
Camp/Excursion First Aid Kits

Camp/Excursion: ____________________________________________________________
Grade Level: _______________
Teacher in Charge: ________________________________________________________

(Quantities to be determined by a risk assessment in consultation with the HSR and relevant employees based on activities being undertaken)

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Type</th>
<th>Departure Check</th>
<th>Return Check</th>
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<tbody>
<tr>
<td>Appropriate and current first aid manual</td>
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<tr>
<td>Single use nitrile gloves</td>
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<tr>
<td>Gauze swabs</td>
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<td>7.5 x 7.5 cm</td>
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<tr>
<td>Sterile saline ampoules</td>
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<td>15ml</td>
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<tr>
<td>Paper towels</td>
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<td>Sterile unmedicated non adhesive dressings</td>
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<td>Combine pads</td>
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<td>10 x 10cm</td>
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<tr>
<td>Band aids - non allergic/plain</td>
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<tr>
<td>Steri strips (&quot;butterfly&quot; stitches)</td>
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<td>5 x 2.5cm</td>
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<tr>
<td>Adhesive tape - non allergic/paper</td>
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<tr>
<td>Conforming bandages</td>
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<tr>
<td>Triangular bandages</td>
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<tr>
<td>Crepe bandages (hospital weight)</td>
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<tr>
<td>Heavy elastic bandages</td>
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<td>15cm</td>
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<tr>
<td>Ventolin puffer</td>
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<tr>
<td>Spacer device for Ventolin use</td>
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<td>70% alcohol swabs (for cleaning reusable items as required)</td>
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<tr>
<td>Sterile eye pads</td>
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<tr>
<td>Resuscitation face mask (reusable)</td>
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<tr>
<td>Medicine measure</td>
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<tr>
<td>Stainless steel scissors</td>
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<td>medium</td>
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<tr>
<td>Heavy duty pair of scissors able to cut through clothing if necessary</td>
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<tr>
<td>Disposable splinter probes</td>
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<td>Item</td>
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<tr>
<td>Sharps container for waste</td>
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<tr>
<td>Tweezers</td>
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<tr>
<td>Chemical cold packs (no refrigeration required)</td>
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<tr>
<td>Adhesive sanitary pads</td>
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<tr>
<td>Flexible &quot;sam&quot; splints</td>
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<tr>
<td>Safety pins</td>
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<tr>
<td>Thermal blanket</td>
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<tr>
<td>Antiseptic hand wash/germicidal soap</td>
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<tr>
<td>Box of paper tissues</td>
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<tr>
<td>Ice cream containers or emesis bags for vomit</td>
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<tr>
<td>Plastic bags for disposal of contaminated waste</td>
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<tr>
<td>Book to record details of first aid provided</td>
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<tr>
<td>Non stick wound dressings (padded dressing with bandage attached)</td>
<td>Small, Medium, Large</td>
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<tr>
<td>Resuscitation masks (disposable)</td>
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</table>
EMERGENCY RESPONSE PLAN PROFORMA

Copies of this document should be provided to all staff and to the school’s designated emergency contact person. The information supports the initial response to an incident and should form part of a more detailed emergency management plan.

Features of the region
- Describe the location and its geographic features
- Nestled in the quiet Benloch valley, just 82km (1 hour) North of Melbourne (15km from Lancefield) 186 Kitchenhams Road, Benloch Victoria, 3435

Phone: (03) 5429 1503  Fax: (03) 5429 2196
Email: info@weekaway.com.au

Communication with emergency support
- How will the group communicate with emergency support?
- All group leader with have a CB device to communicate with the camp leader who has access to vehicles, equipment and emergency services.

How will emergency services access the group at each location?
- How long will it take for support to arrive?
- Provide descriptions of multiple access routes if possible
- Detail approximate travel time to medical help from the location
- List sources of emergency support
- Consider whether helicopter access is possible

Information required when reporting a serious accident
- Number of students injured, names of students injured
- Suspected injuries
- When it happened...Where it happened...What happened
- Current location of injured student(s)
- Student's present condition
- Condition of other group members and the name of the person who is with them
- What is currently happening
- Estimated time of next communication and method of communication

Phone Contacts

Emergency Services: 000

Local Emergency Services (The location of emergency services should be marked on maps where possible.)
- Ambulance 15km
- Police 15km
- Hospital / Medical Centre 30km (Kyneton)

Suggested School Contacts
- Principal Glenda Miller 54432012
- Assistant Principal Trudi Jacobson 54432012
- Reception 54432012
- 24 hour phone contact (including name(s))
  Glenda Miller 54432012
DoE Contact
Emergency & Security Management Unit (03) 9589 6266 – 24 hour service

Program Contacts:
Indicate the type of phone being used (eg. Satellite phone, digital mobile, UHF) and possible limitations of service.

Teacher in Charge: Mr Todd Canobie
Staff name: Mr Todd Canobie
Local area contact(s) 0417320623

Note: This proforma is one suggested way of documenting emergency response plans and may be adapted for local use.

Weekaway is located on 72 acres of natural bushland at Benloch, approximately 80km (1 hour) North of Melbourne. The closest town is Lancefield, 15km away. (Note: Inspection is strictly by appointment only. Please contact us for a more detailed map showing directions to Weekaway.)