Dear Parents and Guardians

Re: Year 8 Experiential Learning Program

The Experiential Learning Program at Kormilda College is a compulsory co-curricular program that is used to assist in relationship development between students, staff and our natural world. It is a sequential and purposeful program that provides opportunities to students beyond the normality and familiar environment of the school campus. The year 8 students will find themselves exploring the landscape of Douglas Station utilising various modes of self-propelled transport.

Students will be introduced to an expedition-style journey, bushwalking and mountain biking between campsites while establishing personal organisation and teamwork skills that are utilised in future programs.

Outdoor Education provides a medium for discovering and learning about Self, Others and the Environment. Students are provided with meaningful activities to interact with and understand these important concepts.

**Dates for the Diary**

<table>
<thead>
<tr>
<th>Year 3 – 8 Parent Information Night:</th>
<th>Tuesday April 12th, 2016, in the College Auditorium from 5:30pm–6:30pm. Optional Attendance.</th>
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</thead>
<tbody>
<tr>
<td>Forms:</td>
<td>All required forms are to be returned by <strong>Friday 13 May, 2016</strong>, to the Outdoor Education Office.</td>
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<tr>
<td>Program Dates:</td>
<td><strong>Trip 1 – Classes 8.2 &amp; 8.3</strong> 6-10 June (Week 9, Term 2)</td>
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<td><strong>Trip 2 – Classes 8.1 &amp; 8.4</strong> 13-17 June (Week 10, Term 2)</td>
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<td>Departure:</td>
<td>Monday (6th or 13th) at <strong>7:30 am</strong>, at the covered tennis courts (located next to the Gymnasium).</td>
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<td>Students are reminded to bring their own morning tea, lunch and a drink for the first day of camp.</td>
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<tr>
<td>Return:</td>
<td>Friday (10th or 17th) at <strong>3:00pm</strong>. Dumabudla Cultural Centre (located next to the Gymnasium).</td>
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</table>

Location
Douglas Station is a privately owned station that provides unique opportunities for exploring the natural world. It is located approximately 160km South of Darwin. This accessible, yet remote location provides a great stepping stone for students in our Wilderness Experiential Learning Program.

Student Safety
A risk analysis is carried out for all activities to ensure the safety of each student and the group whilst on program. Despite having taken all necessary steps to minimise foreseeable harm to students, incidents and illnesses may still occur. In the event of an incident or illness occurring, students will have primary care administered by qualified staff members. A first aid kit and means of communications will be carried by staff at all times.

Program Activities
In addition to bushwalking and mountain biking, the Year 8 Program allows students to prepare meals, cook on campfires, star gaze, develop relationships, participate in initiative and team building activities, actively engage in cross cultural awareness and water based activities.
While the activities participated in may be the highlight and talked about when they return from Program, we place a greater emphasis on why we offer these activities. Activities are purposefully designed to achieve program goals. Students have structured reflection time, and the facilitated debriefing of activities allows students to recognise learning that has occurred as a result of their experiences.

**Swimming**
Swimming will be allowed in managed waterways including Depot Creek and the Douglas River. These river systems have a comprehensive Crocodile Management Policy with checks conducted by Northern Territory Parks and Wildlife and Kormilda College Staff.

**Student Expectations**
Kormilda College places high expectations on students and their behaviour whilst attending this school program. Students are expected to abide by all school rules and policies. If a student at any time is found to be in breach of any guidelines or expectations during the program they will be counselled and appropriate action taken, which may include a student being removed from program at the parents’ expense.

**Staffing**
This program will be overseen by the Outdoor Education Program Coordinator and the Head of Outdoor Education. Students will be supervised in the field by Kormilda College Outdoor Education Instructors.

**Medical Information**
While your child is in our duty of care in remote locations, we require relevant documentation regarding their personal and medical history. Please fill out and return the attached Medical Form carefully. Students who are taking prescription medications are required to hand these medications to the Outdoor Education Program Coordinator, Andrew Perry, prior to departure.

Please ensure any medications are stored in a snap lock bag with the student’s name and dosage clearly visible.

| Emergency messages whilst students are on program can be left with the Assistant Principal Mr. Wolfgang Woerner on (08) 8922 1611. |

The school does not provide an alternative program for students in Year 8 for the dates mentioned. All classes scheduled for program dates will be cancelled.

If you have any further queries, please feel free to contact Andrew Perry at the Outdoor Education Department. We hope to see you at our information evening on Tuesday 12 April, 2016. This office will not be manned during the camp dates.

Kind regards

Andrew Perry
Outdoor Education Program Coordinator

Nick Wilkesmann
Head of Outdoor Education
Year 8 Experiential Learning Program

Equipment List

It is important that students bring all equipment on the list below and that the clothing and equipment that your child brings to camp is suitable for being in the elements.

All items should be brought to the school in a soft bag – not a suitcase.

Clothing
- Broad brimmed sun hat – **peaked hats are not acceptable**
- Sunglasses
- 2 x Spare Shirts (Sun safe)
- 2 x Spare Shorts
- T-shirt / rash vest (to swim in) – **singlets are not permitted**
- Boardies / bathers
- 1 x jumper
- 1 x long sleeve shirt (cotton is best)
- 1 x long pants (mosquitoes protection at night)
- Underwear
- Two pairs of shoes
  - Old runners: or water shoes that can get wet
  - Enclosed shoes comfortable and sturdy for bushwalking

Personal Items
- 2L water bottle (2L soft drink bottle or sports sipper).
- Personal medication e.g. asthma/allergy medication
- Insect repellent roll on or pump spray only (No aerosols)
- Sunscreen & Lip Balm
- Small torch/Head torch (spare battery recommended)
- Sleeping bag
- Dilly Bag: Plastic mug, bowl, plate, knife, fork and spoon
- Tea towel
- Toiletries - toothbrush, toothpaste, etc.
- Towel – small travel towel is best

Optional Equipment
- Camera (waterproof/disposable cameras are best)
- Swimming goggles, snorkelling equipment

**DO NOT TAKE**
Electronic items or any items that are against normal school policy.

The Outdoor Education Faculty will provide foam sleeping mats, tents, all food and cooking facilities.

Students are reminded to **bring their own morning tea, lunch and a drink** for the first day of camp.
Consent Form:

Year 8 Experiential Learning Program: Douglas Station
8.2 & 8.3 – 6 – 10 June 2016 (Term 2, Week 9)
8.1 & 8.4 – 13 – 17 June 2016 (Term 2, Week 10)

I understand that my son/daughter will be participating in a 4-night expedition to Douglas Station, as part of Kormilda College’s Experiential Learning Program.

I understand that my son/daughter will be participating in swimming and water-based activities at approved swimming locations.

I understand that my son/daughter will be transported in Kormilda College vehicles.

I understand that for the safety of all students and to reduce risk due to poor behaviour, my son/daughter will adhere to the College rules and expectations. Failure to adhere to this policy will result in my son/daughter being sent home at my expense.

In the event of an incident or emergency, I authorise Kormilda College Staff to carry out first aid and to seek emergency/medical assistance if required. In the event of such an incident, I understand that school staff will notify parents as soon as possible.

I understand the Year 8 Experiential Learning Program is a compulsory element of the education provided by Kormilda College and there is no alternate program offered by the College.

I understand that medical information shall be required for the safe and effective preparation for the trip. I understand that this information will need to be referred to the Head of Outdoor Education, Outdoor Education Program Coordinator and my child’s Instructor for effective duty of care obligations.

Student Name: ______________________________________
Class Group: (Please circle)  8.1  8.2  8.3  8.4

I hereby give consent for my son/daughter to participate in the Year 8 Experiential Learning Program
(Please circle) YES / NO

I consent to my son/daughter being supplied over the counter medications (including Paracetamol and Ibuprofen) if required.
(Please circle) YES / NO

Parent Information Night
I will be attending the Parent Information evening on Tuesday April 12, 2016 in the College auditorium from 5:30pm – 6:30pm.
(Please circle) YES / NO

Parent Signature: ______________________________________ Date: __________

All permission slips must be returned to Outdoor Education Office by Friday 13 May, 2016
Student Medical Information 2016

Please note: In the event of an incident, Kormilda College Staff may distribute any relevant information to medical staff.

STUDENT’S NAME: _______________________________   D.O.B:__/__/______   □Male □Female

Parent/Guardian Emergency Contact:
Name: _______________________________   Relationship: _______________________________
Address: __________________________________________________________________________
Phone: (Home)_______________________   (Work)_______________________   (Mobile)_______________________

Medicare No: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □   Valid until: _____________

Doctor’s Name: _______________________________   Telephone: _______________________________

MEDICAL HISTORY

1. Does your child suffer from any form of ASTHMA? □ NO □ YES, if Yes, please answer the questions below:
   - Triggers -
     - Severity □ Mild – May reduce participation – chest tightness, wheezing coughing
     - □ Moderate – Likely to reduce participation – shortness of breath, fatigue, increased heart rate
     - □ Severe – Potentially become hospitalised – use of accessory muscles to breathe, decreasing breath sounds progressing to absence of wheezing, sleepiness, cyanosis. Please complete an additional Asthma Management Form, and contact the teacher in charge of the trip for further discussion.
   - Has the participant been admitted to hospital due to asthma in the last 12 months? □ NO □ YES
   - Medications –
     - □ Reliever
     - □ Preventer
   - *Please attach an Asthma Management Plan, if the participant has one.

2. Does your child suffer from any ALLERGIES? □ NO □ YES if Yes, please answer the questions below
   - Allergen -
     - Severity □ A localised reaction (rash, itching, swelling at the site the allergen enters)
     - □ A systemic reaction (rash, itching, swelling away from the site)
     - □ An anaphylactic reaction (severe breathing problem, total body swell, mouth/tongue swelling, emergency situation). Please complete additional Allergic Reaction Form, and contact the teacher in charge of the trip for further discussion.
   - Has the participant been admitted to hospital due to allergies in the last 12 months? □ NO □ YES
   - What medication/s does the participant take (if any) for their allergic reaction?
   - *Please attach an Allergy Management Plan, if the participant has one.

3. Does your child have any of the following conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Please circle Yes or No to all questions</th>
<th>Condition</th>
<th>Please circle Yes or No to all questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Yes No</td>
<td>Migraine headaches</td>
<td>Yes No</td>
</tr>
<tr>
<td>Seizure Disorder</td>
<td>Yes No</td>
<td>Sight/Hearing impairment</td>
<td>Yes No</td>
</tr>
<tr>
<td>Joint/ Muscular problems</td>
<td>Yes No</td>
<td>Psychological conditions</td>
<td>Yes No</td>
</tr>
<tr>
<td>Bleeding disorder</td>
<td>Yes No</td>
<td>Mental Illness (Depression, Anxiety, etc)</td>
<td>Yes No</td>
</tr>
<tr>
<td>Heart condition (of any kind)</td>
<td>Yes No</td>
<td>Nose Bleeds</td>
<td>Yes No</td>
</tr>
<tr>
<td>Phobias</td>
<td>Yes No</td>
<td>Bedwetting</td>
<td>Yes No</td>
</tr>
<tr>
<td>Behavioural problems (ADD/ADHD)</td>
<td>Yes No</td>
<td>Sleepwalking</td>
<td>Yes No</td>
</tr>
</tbody>
</table>
Please provide complete details for any questions you answered YES to in Question 3, or any other medical information relevant to your child. (ATTACH SEPARATE SHEET IF NECESSARY)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. Has your child suffered any serious injuries in the last 12 months?  
   □ NO □ YES – if Yes, please specify

___________________________________________________________________________
___________________________________________________________________________

5. Does your child wear contact lenses/glasses?  
   □ NO □ YES

6. Is your child currently on any medications?  
   □ NO □ YES – if Yes, please specify

___________________________________________________________________________

A DOUBLE DOSE OF ALL MEDICATION REQUIRED FOR THE PARTICIPANT, INCLUDING ALLERGIC REACTION MEDICATION, MUST BE BROUGHT ON THE PROGRAMME AND NOTED ON THE MEDICAL FORM.

7. Date of last tetanus injection _____/_______/________ or unknown (circle if unknown)

   | DIETARY                      |   |   |
   | Any special requirements?  | □ Yes | □ No |
   | If vegetarian, does your child eat fish or white meat? (Please specify) |

   | SWIMMING ABILITY           |   |   |   |
   | My child can swim 50 metres | □ No | □ with a struggle | □ comfortably | □ strongly |

Please note: After reviewing this information, Kormilda College may require that your child visits a doctor to gain approval to participate. This will be determined after this form is received and in consultation with you.

I declare that the information which I have provided on this form is complete and correct and that I will notify Kormilda College if any changes occur. I authorise the employee/s of Kormilda 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 further declare that if my child is unable to self-administer supplied medication, I give permission for trained Kormilda College staff to administer the supplied emergency medication. I give permission for Kormilda 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 Kormilda College to retain this form for statutory archival requirements.

Signed: _____________________________________________ (Parent/Guardian) Date: ____/___/____