Dear Parents and Guardians

Re: Year 9 Experiential Learning Program

On this expedition style journey, the Year 9 students will explore the natural areas around Umbrawarra Gorge & Jindare station. During the expedition, students will travel by foot and mountain bike, explore pristine gorges, as well as climb and abseil the cliffs of Purple Rock.

Working together in small groups with two of our Experiential Learning Instructors, students will work towards being self-sufficient and managing themselves, their group and their environmental impact.

***Online Medical & Consent Forms***

Kormilda College Outdoor Education is moving to using online medical and consent forms for our programs. This will mean your medical forms will be received by the Outdoor Education office immediately once they are completed. Forms can be completed on your mobile device or computer by clicking the link in your email. As well as being a far more efficient and environmentally friendly method, the online forms also ensure greater confidentiality for your family’s medical information as they can only be viewed by the staff members who have sent the forms to you.

If you haven’t received your form by email or have any difficulties or questions about it, please get in touch with us on (08) 89 222 561.

While we are transitioning to the online forms we will also still be providing hard copies for students to take home, if you feel more comfortable using this method please feel free to do so.

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**Dates for the Diary**

**Optional Parent Information Night:** Thursday 28 July. College Auditorium. 5:30pm – 6:30pm.

**Forms:** Consent and Medical forms completed via the online form or returned to the Outdoor Education Office by Monday 25 July.

**Program Dates:**

- **Classes 9.1, 9.2 & 9.5:** Monday 1 – Friday 5 August 2016 (Term 3: Week 2)
- **Classes 9.3 & 9.4:** Monday 8 – Friday 12 August 2016 (Term 3: Week 3)

**Departure:** Monday 7:30 am, at the covered basketball courts (located next to the Gymnasium).

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

**Return:** Friday at 4:00pm at the Dumabudla Cultural Centre.
Location
Jindare Station is a privately owned working cattle station adjacent to Umbrawarra Gorge, a place of great significance to the Wagiman people. This area provides unique opportunities to explore the natural world and is located approximately 240km South of Darwin. This accessible, yet remote location provides a great progression 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 communications will be carried by staff at all times.

Program Activities
Additionally to bushwalking and mountain biking, the Year 9 Program allows students to prepare meals, cook on campfires, star gaze, develop relationships, participate in initiative and team building activities, to rock climb, abseil and actively engage in cross cultural awareness and water based activities.
While these are the activities that students participate in and may talk about when they return from Program, we place a greater emphasis on why we offer these activities. Students will have structured reflection time provided and 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 Umbrawarra Gorge and on Jindare Station. 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 Head of Outdoor Education at Kormilda College. Students, while in the field, will be directly supervised by Kormilda College Outdoor Experiential Learning Instructors and are supported by the Experiential Learning Program Coordinator.
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 the online medical form that has been emailed to you or 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 Head of Outdoor Education, Mr Nick Wilkesmann on (08) 8922 1611 or 0409 888 856.

The school does not provide an alternative program for students in Year 9 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.

Yours sincerely

Andrew Perry
Outdoor Education Program Coordinator

Nick Wilkesmann
Head of Outdoor Education
Year 9 Experiential Learning Program

Equipment List

It is important that students bring all equipment on the list below and that that 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)
- 2x Spare Shorts
- T-shirt / rash vest (to swim in) – **singlets are not permitted**
- Boardies / bathers
- 1x jumper
- 1x long sleeve shirt (cotton is best)
- 1x long pants (mosquitoes protection at night)
- Underwear (not boxers)
- Two pairs of shoes
  - Old runners: or water shoes that can get wet
  - Enclosed shoes comfortable and sturdy for bushwalking
  - **NO THONGS**

**Personal Items**
- Water bottles totaling 3L of water carrying capacity. If you want to bring a camel back type bladder, you must **also** have water bottles with at least 2L capacity.
- 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 : Hard 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, snorkeling 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
Year 9 Experiential Learning Program

Trip 1 - 9.1 & 9.2: August 1-5 2016 (Term 3: Week 2)
Trip 2 – 9.3, 9.4 & 9.5: August 8-12 2016 (Term 3: Week 3)

I understand that my son/daughter will be participating in a 4 night expedition to Jindare Station, 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 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 9 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.

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Student Name: ___________________________________

Class Group: (Please circle) 9.1 9.2 9.3 9.4 9.5

I hereby give consent for my son/daughter to participate in the Year 9 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

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Parent Information Night
I will be attending the Parent Information evening on Thursday 28 July, 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 10 June, 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: □ Yes  □ 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)

<table>
<thead>
<tr>
<th>DIETARY</th>
<th>Any special requirements?</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>If vegetarian, does your child eat fish or white meat? (Please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SWIMMING ABILITY</th>
<th>My child can swim 50 metres</th>
<th>No</th>
<th>with a struggle</th>
<th>comfortably</th>
<th>strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biking Ability</td>
<td>My child can ride a mountain bike</td>
<td>No</td>
<td>with a struggle</td>
<td>comfortably</td>
<td>strongly</td>
</tr>
</tbody>
</table>

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: ____/____/______