Dear Parents and Guardians

Re: Year 10 Experiential Learning Program

Year 10 students prepare themselves for entry into final senior years of schooling at Kormilda College by participating in Weeks Without Walls during Week 8 and 9 of Term 3. Weeks Without Walls is an important element of each student’s individualised learning journey where they partake in a week of work experience and an eight day sea kayaking and canoeing expedition to Lake Argyle, Western Australia. This is the culminating experience of the College’s Experiential Learning Program. Information regarding work experience will be provided to students in their 2016 Work Experience Handbook. This letter provides information relating to the Experiential Learning Program at Lake Argyle.

Students will find themselves journeying on a self-propelled experience engaging with environmental action, self-reliance, resilience and leadership amongst peers. Outdoor Education provides a medium to discover and learning about self, others and the environment. Students are provided with purposefully designed activities to interact with and understand these important concepts.

***Online Medical & Consent Forms***

Kormilda College Outdoor Education is moving towards 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.

**Year 10 Experiential Learning Program Dates**

**Forms:** Consent and Medical forms completed via the online form or returned to the Outdoor Education Office by Friday 12 August 2016.

**Program Dates:**

- **Sunday 11 – Sunday 18 September 2016** (Term 3: Week 8)
- **Departure:** Sunday 6:30 am, from the Dumabudla Centre, located next to the Gymnasium. Students are reminded to bring their own morning tea, lunch and a drink for the 8 hour bus trip.
- **Return:** Sunday 6:00 pm, to the Dumabudla Centre.

**Optional Parent Information Night:** Thursday 28 July. College Auditorium. 5:30pm – 6:30pm.
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 sea kayaking and canoeing, the Year 10 Program allows students to prepare meals, cook on campfires, star gaze, develop relationships, participate in initiative and team building activities, rock jumping, gorge exploration and other water based activities.

While these are the activities that students participate in and may talk about when they return from the program, we place a greater emphasis on why we offer these activities. Structured reflection time will be provided, and facilitated debriefing will allow students to recognise learning that has occurred as a result of their experiences.

Swimming

Swimming will be allowed in managed locations on Lake Argyle. Approved swimming locations have undergone a comprehensive Crocodile Management Policy with checks conducted by local officials and/or Kormilda College Staff. Lake Argyle is an environment heavily populated by fresh water crocodiles – they are not dangerous to humans unless provoked. Saltwater crocodiles do not inhabit the lake.

Student Expectations

Kormilda College places high expectations on students and their behaviour whilst attending this 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 expense of their parents/guardians.

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 and GAP / volunteers.
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 online medical form that has been emailed to you or fill out and return the attached medical form carefully. Students on prescription medications are required to hand these medications to the Outdoor Education Program Coordinator, Andrew Perry, once arriving at Lake Argyle. **Please ensure any medications are stored in a snap lock bag with the student’s name and dosage clearly visible.**

In the case of an emergency during the program, a message can be left for your son/daughter with the Head of Outdoor Education, Mr Nick Wilkesmann on 0409 888 856 | 0450 943 755.

The school does not provide an alternative program for students in Year 10 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 by email: Andrew.Perry@kormilda.nt.edu.au or phone: (08) 89 222 561.

Yours sincerely

Andrew Perry  
Outdoor Education Program Coordinator

Nick Wilkesmann  
Head of Outdoor Education
Lake Argyle Equipment List 2016

Please use this as a guide and tick boxes as you pack

All items should be brought to the school in a soft bag - not a suitcase or rucksack.

CLOTHING
- Broad rimmed sun hat
- Sunglasses (sun protection)
- Sarong
- 1x long sleeve shirt (cotton is good)
- T-shirt/ rash vest (to swim in)
- Boardies (knee length)
- Bathers
- Towel (small/lightweight)
- 1x jumper (ideally woollen)
- 1x long pants (mosquitoes protection @ night)
- 2x Shorts (knee length)
- Spare T-shirt
- Old runners: or water shoes that can get wet.
- Sneakers: comfortable and sturdy for around camp and light bushwalking
- Underwear

Personal Items
- Personal Medication e.g. asthma / allergy medication (make sure this is on your medical form)
- Personal First Aid Kit (e.g. bandaids, roller bandage, strapping tape and personal hygiene / sanitary items)
- Insect repellent roll on or pump spray only (aerosols shall be removed)
- Sunscreen & Lip Balm
- Hydralyte
- 2L water bottle (2 L soft drink bottle or sports sipper).
- 6 x strong garbage bags (for water proofing)
- 20x Large snap lock bags
- 4-6 Strong Elastic bands or hair ties (for waterproofing)
- Sleeping bag
- Durable plastic bowl, mug knife, fork and spoon
- Small Sharp knife (max 3 inch blade)
- Cleaning kit - 1 x tea towels, 1 x scotchbrite, 4 x Jex Pads (in plastic bag)
- Matches in waterproof container (e.g. old film canister, make sure you take the striker tool!)
- Toilet paper in two snap lock plastic bag
- Small torch (spare battery and globe recommended)
- Toiletries - toothbrush, toothpaste (please do not bring soap)

Optional Equipment
- Camera (waterproof cameras are best – recommend attaching a float)
- Diary/journal for writing (include a pencil / pen)
- Swimming goggles, snorkeling equipment
- Hand reel and tackle (do not bring fishing rods)
- Dry Bags

DO NOT TAKE: (They may get wet or ruined)
- Mobile Phones (no reception anyway)
- Any items that are against normal school rules.

Note: Personal stereos or iPods may be taken for use on the bus. These need to be handed in to Outdoor Education staff for storage in a secure location until the return journey. Students need to provide a zip lock bag clearly labelled for putting this equipment into storage.

The Outdoor Education Faculty can provide foam sleeping mats, tents, maps, compasses, trangias (stoves) and fuel.
Year 10 Experiential Learning Program
Sunday 11 – Sunday 18 September 2016 (Term 3: Week 8)

I understand that my son/daughter will be participating in a 7 night expedition to Lake Argyle Western Australia, 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 10 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: ________________________________

I hereby give consent for my son/daughter to participate in the Year 10 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 Signature: ____________________________________________ Date: ____________

All permission slips must be returned to Outdoor Education Office by Friday 12 August, 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)

| 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: ____/____/____