

10 May 2019

Dear Year 10 and 11 Students and Parents

### **Year 10 and 11 Ski Trip - 2019**

Hello from the Ski Trip department again! Winter is coming, the snow will fall, so it is time to consider joining us in the Snowy Mountains for a weekend of healthy, exhausting fun, skiing and snowboarding.

Details are as follows:

- Dates:** Friday 9 - Sunday 11 August 2019
- Depart School:** Friday 9 August at **12.00pm** (Students attend Period 1-3 as normal)
- Accommodation:** **Cooba Sport & Education Centre**  
Cootralantra Rd, Berridale NSW 2628 (Phone: +61 (02) 6456 3150)
- Ski Location:** Perisher Blue/Smiggins Holes Ski Resorts
- Depart Perisher Blue:** Sunday 11 August at 3.00pm
- Arrive School:** Approximately **11.00pm** Sunday 11 August
- Transport:** Private Coach – seat belted
- Cost:** \$525 (Skiing) / \$550 (Snowboarding)
- Cost Includes:**

- Transport by coach
- Accommodation for two nights at Coober Sport and Education Centre, Berridale
- Meals – Saturday night dinner/two fully cooked breakfasts/two hot lunches and drink at Smiggins
- Kosciusko National Park Entry fee – two days
- Lift and lesson 2-day package (for all operating lifts at Smiggins/Perisher and all levels of skier); **two-hour compulsory group lesson** for all levels each morning (9.00-11.00am).
- Skiing equipment 2-day package – skis, boots, poles, pants, jacket and helmet (please note: NO discounts given for own ski gear, however, if you have your own snow board, helmet, boots **and** wrist guards you can pay ski price only).
- Ski Equipment Insurance for all hire gear
- Sheets, doona and towel
- Fun and fellowship

**Cost Excludes:** Lunch on Friday and Dinner on Friday and Sunday night. BYO lunch for Friday and bring money to purchase 2 dinners.

**Extras:** **Accessory packages** for essentials that you may not already own can be ordered using the Trybooking link below.

	Package 1: Basic	Package 2: Luxury	Package 3: Pro
<b>Gloves</b>	X-Press gloves	Le Triomphe Gloves	Fable 11 Gloves
<b>Goggles</b>	Vader goggles	Force goggles	Oracle goggles
<b>Beanie</b>	100% acrylic machine knit	100% acrylic machine knit, Thinsulate, fleece lined	100% acrylic machine jacquard knit/relaxed fit, double walled, reversible
<b>X-Neckband</b>	Anti-pill micro fleece	Anti-pill micro fleece	Anti-pill micro fleece
<b>Ski + package</b>	<b>\$585</b>	<b>\$605</b>	<b>\$700</b>
<b>Snowboard + package</b>	<b>\$610</b>	<b>\$630</b>	<b>\$725</b>

**Who Can Attend?** Students in Year 10 and 11 (although, to keep the same price, it may open to lower years if we have low numbers)

**What to Bring:**

- Students and Teachers **MUST** bring their own goggles, gloves, beanies, sunglasses and thermals (these items are not included in hire).
- Sunscreen essential
- **Long** socks essential for use with boots
- Thermals (top and pants)
- Goggles and waterproof gloves
- scarf/balaclava (optional but highly recommended))
- jumper (woollen or polo fleece, NOT cotton)
- long-sleeved top
- Pants/Jeans
- small day pack or bum bag for the slopes
- water bottle
- snacks (optional)
- medication (e.g. asthma puffer)
- PJ's
- Toiletries
- runners/closed in shoes
- mobile phone, charger
- money for two dinners and a packed lunch for Friday

**Notes and Payment:** To secure your place on the Ski Trip, you are required to do the following:

1. Complete the attached *Camp Medical Dietary and Consent Form* and return to Mrs Freestone.

**AND**

2. Make your full payment via Trybooking: [www.trybooking.com/50829](http://www.trybooking.com/50829)  
**Payment to be made by Sunday 16 June!**

Once you have returned the Camp Medical Dietary and Consent Form **AND** made full payment via Trybooking, your place on the trip is secured. Places on the Ski Trip will be filled according to the completion of both the attached form and full payment via Trybooking. If you are unable to make the trip for any reason, refunds will be dependent on your place being filled by another student.

Closer to the trip we will send home a reminder of some more important information for parents and students about the Alpine Responsibility Code, the risks to be aware of and a reminder of what to bring.

**Please note:** It is at the discretion of Mrs O'Sullivan, Deputy Principal Pastoral Care (7-12), and Mrs Freestone, Ski Trip Coordinator, whether or not students are allowed to go. Should any student's behaviour prior to the trip suggest that they cannot be trusted, or that they would bring the school's name into disrepute, they may be excluded from the trip.

Yours in the service of Christian education

Mrs K Freestone  
Ski Trip Organising Teacher

Mrs C O'Sullivan  
Deputy Principal, Pastoral Care (7-12)

## Camp Medical, Dietary and Consent Form

This form is used to supplement the information that already exists in our school system (Edumate) which will be taken to camp. If you have not updated your child's information on the Edumate Parent Portal recently, please do so via the Portal at: <https://edumate.covenant.nsw.edu.au>

Just to be clear – We will get your child's medical information from Edumate with the exception of the items below.

Detailed instructions on how to update your child's information can be found at:  
<https://covenant.instructure.com/courses/1373/pages/update-my-details>

**This form will collect extra information relevant to your child; please indicate which sections you are returning by ticking the boxes below. If a section is not applicable, then please ignore.**

- Asthma:** If your child suffers from asthma, please complete the Asthma Plan on page 2 and return it with this consent form.
- Current Medication:** If your child is currently taking medication that will need to be administered on camp, please fill out the form on page 3 and return it with this consent form.
- Sleep Issues:** If your child has any issues with their sleep such as sleepwalking, night terrors, bedwetting, etc please contact the camp coordinator (by email or phone) to make a specific plan for your child.
- Diabetes/epilepsy:** I have attached my child's current Care Plan.
- Anaphylaxis/severe allergies:** I have attached my child's current Action Plan and Care Plan. My child will provide a labelled EpiPen to the supervising teacher if one is applicable.

For students with severe allergies or anaphylaxis, it is important that the school has the most up to date information to care for your child. This includes detailing all allergy triggers and management.

**Please contact the school nurse for any further assistance with serious medical needs.**

- Dietary Information:** If your child has special dietary requirements, please specify below:

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(If more space is required, please attach additional information)

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### ***Parent or Guardian Consent***

- I have updated my child's details and medical information via the Edumate Parent Portal.

In the event of any accident or illness and I am unable to be contacted, I authorise the school to obtain any medical assistance on my behalf that my son/daughter may require. I also agree to cover medical fees and/or the cost of such assistance that may be incurred while my son/daughter is on the camp.

I acknowledge an inherent risk associated with camp and the activities involved, and hereby give permission for my son/daughter \_\_\_\_\_ to attend

\_\_\_\_\_ Camp.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/Guardian)*

***(Please return this form to the camp organiser)***

## School Camp Asthma Management Plan



### Usual Asthma Management Plan

Usual signs of student's asthma	Signs of student's asthma worsening Increased signs of:	What triggers the student's asthma?
<input type="checkbox"/> Wheezing <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty in breathing <input type="checkbox"/> Difficulty in speaking <input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Wheezing <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty in breathing <input type="checkbox"/> Difficulty in speaking <input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Exercise <input type="checkbox"/> Colds/viruses <input type="checkbox"/> Pollens <input type="checkbox"/> Dust/campfire smoke <input type="checkbox"/> Food Which foods?
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> Other Triggers (please note)

Does your child need assistance taking their medication?  Yes  No

Any other information that will assist with the asthma management of the student while on camp  
 e.g. peak flow, asthma action plan, night time asthma, recent attacks (attach additional information if necessary)

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Medication requirements: (including preventers, symptom controllers or medication needed before exercise)		
Name of Medication	Method (e.g. puffer & spacer, turbuhaler)	When and how much?

I give permission for standard asthma first aid to be administered in the event of an asthma attack.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For further information about the **Asthma Friendly School Program** and asthma management, please contact The Asthma Foundation of NSW on (02) 9906 3233, Toll Free 1800 645 130, email [afs@asthmansw.org.au](mailto:afs@asthmansw.org.au) or visit their website [www.asthmansw.org.au](http://www.asthmansw.org.au).

## Medication Advice Form

### NOTIFICATION OF STUDENT MEDICATION AND REQUEST FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS OR ON CAMPS/EXCURSIONS

To be completed by parent or guardian

I advise that my child:

\_\_\_\_\_ in Year \_\_\_\_\_  
*(Full name of child)*

**Requires the following medication(s):**

**Asthma:** I have completed the **School Camp Asthma Management Plan** for required asthma medication, if relevant.

MEDICATION	DOSAGE	FREQUENCY (times per day)	DAYS REQUIRED (indicate if the medication is to be given on schedule, or as needed)	Requires Refrigeration	Can student self-administer? Y/N

The medication has been prescribed for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

Are there any instructions regarding giving the medicine e.g. time of day, with food etc?

\_\_\_\_\_

I hereby give permission for the school nurse / covenant staff to assist with the administration of the above listed medication(s).

Signed \_\_\_\_\_  
*(Parent / Guardian)*

Date \_\_\_\_\_