Outdoor School – 15 Mile Creek

"Educating for Sustainable Living"
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Parent/Guardian and Student Future Makers Information Booklet

Parent and Student Future Makers Booklet

Respectful Relationships - Statement of Commitment

- We commit to action that promotes gender equity and respectful relationships.
- We will model respectful relationships between peers and all members of the school community.
- We will speak out about sexism, gender inequity and gender stereotypes.
- We will provide a safe, inclusive and supportive environment.
- We will provide a structural and cultural environment that promotes gender equity.

Booklet Information

Parents/Guardians should read this booklet with their child prior to attending the parent information session. All relevant documents should be read, completed and signed prior to students commencing involvement in the program.

About Outdoor School

Outdoor School – 15 Mile Creek Campus is a school staffed, and funded by the Department of Education (DET) and provides programs for Years P–12 students from Government Schools throughout Victoria. Outdoor School - 15 Mile Creek (15MC) is located on the country of multiple indigenous groups to the area. The campus is 220kms northeast of Melbourne and is nestled in a scenic rural valley in the foothills of the Great Dividing Range. Closest major centres are Wangaratta 42km & Benalla 32km. The 15MC property consists of 110 hectares of unspoilt bush adjoining state forest.

About the Future Makers Program

The 15 Mile Creek program is delivered with a strong curriculum connection to your school. The purpose of the program is to develop future ready young people. As per Outdoor School's vision to be "educating for sustainable living", students will be challenged to become initiators, leaders and managers of change in a world where they have the ability to influence their own futures. The program delivers the learning capabilities through hands on experiential learning. 15 Mile Creek staff will arrange to deliver 1-2 days of content at the home school prior to the program commencing. The program then involves a 12 day residential component where students attend 15 Mile Creek and undertake a five day student led canoeing expedition down the Murray River in the middle of the program. Teachers from both the home school and Outdoor School 15 Mile Creek will deliver elements of the program with a collegiate team teaching approach.

Before Coming You Must Organise

Code of Cooperation

- This must be read and agreed to by the parents/guardians and student.

15 Mile Creek Consent Form

- Must be read by parent/guardians and students, and then signed by both in conjunction with reading the Code of Cooperation.
- These must be returned to the teacher organising your program as soon as possible.

15 Mile Creek Medical Forms

- These forms must be completed and signed indicating the students' current medical status with any information requiring specific attention or treatment (e.g. allergies, medications being taken).
- Medical Authority Form – please complete in detail if the student is taking regular medication.
- Asthmatic students must bring all medications for their condition.
- Asthmatic students **must** provide an Asthma Action Plan and complete the Asthma update form.
- Students with allergies **must** provide or complete the attached Allergic Reactions Action Plan.
- Students that have Anaphylaxis reactions **must** provide or complete the appropriate attached Epipen Anaphylaxis Action Plan.
- Other Health Care Needs - Please provide an Action Plan if your child/dependant needs medical or health related support at school (e.g. diabetes management).
- Student Learning and Care Form – please complete if applicable

Personal Clothing and Equipment

- Please read through the list ahead of time and pack all the clothing and essentials to be well organised for the program. Also outlined is the equipment 15 Mile Creek supply.
- Clothes washing facilities will be available for student use.
- Please be reminded that the Department of Education does not hold insurance for personal property brought to schools and it has no capacity to pay for any loss or damage to such property.

Other Important Parent/Guardian Information

The program will contain activities and events which are different from those experienced at the students' home school. Qualified and experienced teachers are responsible for the supervision and teaching of all adventure activities and necessary precautions are taken to minimise the possibility of injury.

Parents/guardians should understand however, that all the listed activities do carry risk of physical injury and that accidents can, and do occur; however, Outdoor School has an active and ongoing risk management program whose objective is to provide a safe and effective environment for students and staff.

Activities may include bushwalking, climbing/abseiling, mountain biking, orienteering, canoeing, creek walking, flying fox, river sledding, rafting and various initiative activities. Many of the activities are conducted in remote locations subject to severe weather and other natural hazards. In the event of injury or illness, communications or emergency services may be limited or not available for periods of time. This may result in delays in injured/sick group members accessing more definitive care. It is important that students are appropriately insured for medical treatment as the Outdoor School, being a State Government School of Victoria, does not have any insurance to this effect.

Personal ICT

As per Department of Education's ministerial policy, **Mobile phones, IPods and tablets etc are <u>not</u> to be brought to 15 Mile Creek.**

To maximise student learning we expect students to disconnect from all mobile devices for their time at 15 Mile Creek. This allows students to engage with their peers, and the outdoor experience.

Any mobile devices that are brought to 15 Mile Creek, will be collected by staff upon arrival and stored in a secure place.

If needing more information, you may access a copy of our policies including:

- Personal Mobile ICT Devices Policy
- Child Safety & Wellbeing Policy
- Mandatory Reporting Policy

from our website via the following link http://www.outdoorschool.vic.edu.au/policies/3699/

Personal Property

Please Note: - The Department of Education which includes Outdoor School does not have accident insurance. Items of personal property that are lost, stolen or damaged at school is not the responsibility of Outdoor School or the Department. Staff and students are reminded not to bring items of value to school.

Specific Expectations at Outdoor School

To respect the rights and expectations of all individuals at the school the following forms of behaviour are considered a breach of the code and are therefore unacceptable:

- Bringing cigarettes, alcohol, non-prescribed drugs, offensive weapons, and pornographic material.
- Using language which is offensive, sexist, genderist or racist.
- Fighting, bullying (physical, verbal, indirect or cyber) or any other forms of aggressive behaviour.
- Being in the dormitories/room of the other sexes.
- Being in another student's room without permission.
- Leaving 15 Mile Creek boundaries without permission.
- Behaving in a manner which damages or vandalises the property of others or the environment.
- Climbing of trees, buildings or other structures without teacher supervision.
- Students bringing aerosol propellant cans e.g. deodorant sprays – health precaution.

Implementation Process

The School has developed levels of appropriate responses and sanctions. Any breach of the Code of Cooperation will initiate a restorative approach. The staff will decide the appropriate level of action. Students may be withdrawn from 15MC under certain circumstances.

Student Code of Cooperation

Guiding Principles

- To ensure that the rights of all individuals are protected whilst at the school, and to and from the school.
- To establish the best possible learning environment.
- To ensure that breaches of the code of cooperation are treated in a fair and consistent manner and within the expectations of staff and students.

Rights	Responsibilities & Expectations
All individuals and their property are to be valued and treated with respect	All students should treat one another, staff and property with respect.
All individuals have the right to a safe, secure and cooperative working environment in which participation, risk taking and confronting challenges are encouraged.	All students should act and behave in a way which does not endanger, intimidate or interfere with the participation of others.
All individuals have the right to privacy.	All students should respect others rights to privacy.
Staff should be able to perform their duties in an atmosphere of order and cooperation	Students should comply with instructions given by any members of staff and should willingly participate in the daily routine of the School.
Staff, students and the natural environment have the right to exist in a healthy and environmentally considerate atmosphere.	All students should conduct themselves in a healthy and environmentally friendly manner towards other students, staff and the natural environment.
The School expects support from all students, parents and staff in implementing this Code of Conduct.	All students should behave according to this code and accept the consequences if it is breached. All staff should fairly, reasonably and consistently implement this code. Staff and parents of participating schools should support the School in implementing the Code of Conduct.

All students attending Outdoor School are required to observe child safe principles & expectations. The School Statement of Values and School Philosophy and the Code of Cooperation are available on the website http://www.outdoorschool.vic.edu.au/policies/3699/

The website also has the following policies available:

- Child Safety & Wellbeing Policy.
- Child Safety Code of Conduct.
- Bullying Prevention Policy.
- Student Wellbeing and Engagement Policy.

http://www.outdoorschool.vic.edu.au/policies/3699/

Outdoor School – 15 Mile Creek Campus

Parent Consent and Acceptance Form

Student's Full Name: _____

Parent/Guardian Consent – please circle response below as appropriate – (if left blank we will assume yes is the response):
The information about your child/dependant and family collected through this form will only be shared with school staff who need to know to enable our school to educate or support your child/dependant, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department of Education without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see our school's privacy policy: Data will be kept permanently as per the 2018 Retention and Disposal Authority for Records of School Records 3.3.1 Summary Enrolment Records requires. The collection and use of the students personally identifiable information via consent forms provided within the handbook and stored via Cumulus is done in accordance with the Privacy and Data Protection Act 2014. Data will be kept permanently as per the 2018 Retention and Disposal Authority for Records of School Records 3.3.1 Summary Enrolment Records requires.

I agree to my child/dependant using the internet and computer network at 15 Mile Creek Campus in accordance with the same internet student user's agreement that applies at their current school.	Yes	No
I also consent to my child/dependant being photographed and/or visual images of my child/dependant being taken whilst at 15 Mile Creek Campus by the DET. I also consent to these photos being used for use in the school's publications, the school's social media accounts and the school's website, for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.	Yes	No
Is English your child/dependant's main language?	Yes	No
Is your child/dependant of Aboriginal or Torres Strait Islander origin?	Yes	No
Has your child/dependant been away from home before?	Yes	No
I authorise the teacher in charge to administer paracetamol as per the Outdoor School protocol.	Yes	No
I understand that I will be required to immediately collect my child/dependant from Outdoor School if they are unwell and unable to participate in the program while at Outdoor School.	Yes	No
I understand that if my child/dependant does not comply with the Outdoor School Code of Cooperation that I will be required to collect my child/dependant from Outdoor School.	Yes	No

I have read the **Parent/Guardian and Student Booklet** and the **Outdoor School Enrolment/Acceptance Policy** included in the booklet and I agree to my child/dependant's attendance at the Outdoor School - 15 Mile Creek Campus on **_____/_____/_____ (Starting Date)**

I have read the **Parent/Guardian and Student Booklet** and I agree to them taking part in any excursion or activities arranged for students in connection with the school program. I understand the program contains potentially hazardous activities in remote areas subject to natural hazards and severe weather.

I will notify the school if my child/dependant is in contact with any infectious disease within four weeks of departure date. In the event of any illness or accident, where it is impracticable to communicate with me, I authorise the teacher in charge to consent to my child/dependant receiving such medical or surgical treatment as may be deemed necessary. I accept responsibility for payment of any expenses thus incurred. In the event of my child/dependant being unable to accompany the rest of the group home due to ill health or accident I will make the necessary arrangements in liaising with the School Principal for their return.

I agree to ensure that my child/dependant's mobile devices (phones, tablets, iPods etc.) remain at home whilst they attend this program.

Should my child/dependant violate the rules outlined in the **Outdoor School Student Code of Cooperation** to the extent that the teacher in charge in consultation with the Principal of Outdoor School 15 Mile Creek Campus considers that they should be sent home, I agree to organise this withdrawal and fully cover the transport costs involved in this process.

_____ _____ _____

Parent/Guardian's Full Name (please print) **Parent/Guardian's Signature** **Date**

I have read the **Outdoor School Student Code of Cooperation** and I hereby undertake that while travelling to and from the school and while in attendance I shall behave in a good and proper manner and shall observe whatever rules are decided on as best for the welfare of all.

_____ _____

Student's Signature **Date**

Cancellation or Withdrawal

The Department of Education (DE) reserves the right to cancel a program for any reason. In the event of a student's application being withdrawn prior to the commencing date of the program the DE through the Principal reserves the right to make a refund only where a reasonable excuse for withdrawal is offered. No refund will be made where a student leaves during the program except in the case of illness, and then only on a pro rata basis.

Outdoor School – 15 Mile Creek Campus

Medical Information Form

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. Any costs associated with student injury rest with parents/carers unless the Department of Education is liable in negligence (liability is not automatic).
In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

School: _____ Year Level or Visiting Staff: _____

Full Name: _____

Student Date of Birth: _____ Student Gender: Female ☐ Male ☐ Gender Diverse ☐

Parent/Guardian or Next of Kin Full Name: _____

Address: _____

Parent/Guardian or Next of Kin Mobile Phone: _____ Other Phone: _____

Home Email Address: _____

Tick	Item	Details
	Diabetes	
	Dietary Requirements	
	Dizzy Spells/Blackouts	
	Fits of Any Type	
	Hay Fever	
	Heart Condition	
	Migraines	
	Physical Difficulties	
	Previous Injuries - When	
	Sleepwalking	
	Other	

Please tick the box on the left if your child/dependant suffers any of the following:

☐ Anaphylaxis | If ticked, you **MUST** attach the appropriate completed Anaphylaxis Action Plan.
Please state who will be responsible for carrying the Epipen

☐ Allergies | If ticked, you **MUST** complete and attach the Allergic Reactions Action Plan.

☐ Asthma | If ticked, you **MUST** provide your child's personal Asthma Action Plan. A suitable blank form is enclosed.

☐ Other Health Care Needs | Please provide an Action Plan if your child/dependant needs medical or health related support at school (e.g. diabetes management).

☐ Support for Learning | Does your child/dependant have additional needs and require support?
If ticked you must complete the **Student Learning Needs Form.**

Year of Last Tetanus Immunisation (If known):	

Swimming Ability: please tick the distance your child/dependant can swim comfortably.

☐ Cannot Swim ☐ Weak Swimmer (<50m) ☐ Fair Swimmer (50-100m) ☐ Competent Swimmer (100-200m) ☐ Strong Swimmer (200m+)

Medication – Is your child/dependant presently taking tablets and or medicine? ☐ Yes ☐ No

If yes, please complete the Medication Authority Form.

Parent/Guardian Signature: _____ Date: _____

Outdoor School – 15 Mile Creek

Student Learning and Care Form

ONLY complete this form if your child has specific additional learning needs. Students with an Individual Learning Plan or an Education Action Plan should have this form completed as well as including their plan.

Student Name: _____

Please indicate any adjustments that may assist your child/dependant to participate at school:

Has your child/dependant had a disability assessment before? If yes – please specify outcome below. ☐ Yes ☐ No

Has your child/dependant received individualised disability funding before? If yes, please specify below. ☐ Yes ☐ No

Has any previous education provider prepared a documented plan to support your child/dependants additional learning needs? If yes, please provide details below. ☐ Yes ☐ No

Does your child/dependant have additional needs in one of the following areas? ☐ Yes ☐ No

Speech/Language: ☐ No ☐ Yes (please specify): _____

Physical: ☐ No ☐ Yes (please specify): _____

Cognitive/Learning: ☐ No ☐ Yes (please specify): _____

Social/Emotional: ☐ No ☐ Yes (please specify): _____

Is the student on: ☐ An Individual Learning Plan ☐ An Education Plan

Please list below other relevant information that would assist us to work with your child/dependant in a residential environment.

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Parent/Guardian: **Date:**

ASTHMA ACTION PLAN

Take me when you visit your doctor

ASTHMA AUSTRALIA

Photo (optional)

Name:

Plan date: **Review date:**

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:

WELL CONTROLLED is all of these...

- ☑ needing reliever medicine no more than 2 days/week
- ☑ no asthma at night
- ☑ no asthma when I wake up
- ☑ can do all my activities

TAKE preventer

morning ____ **night** ____ puffs/inhalations

- Use my preventer, even when well controlled
- Use my spacer with my puffer

TAKE reliever

____ puffs/inhalations as needed ____ **puffs/inhalations 15 minutes before exercise**

- Always carry my reliever medicine

FLARE-UP Asthma symptoms getting worse such as any of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

TAKE preventer

morning ____ **night** ____ puffs/inhalations for ____ days then back to **well controlled** dose

TAKE reliever

____ puffs/inhalations as needed

START other medicine

MAKE appointment to see my doctor same day or as soon as possible

SEVERE Asthma symptoms getting worse such as any of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

TAKE preventer

morning ____ **night** ____ puffs/inhalations for ____ days then back to **well controlled** dose

TAKE reliever

____ puffs/inhalations as needed

START other medicine

MAKE appointment to see my doctor TODAY

- If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

EMERGENCY is any of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

1 000 **CALL AMBULANCE NOW**
Dial Triple Zero (000)

2 **START ASTHMA FIRST AID**
Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you.

v19 Updated 13 October 2023

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ACTION PLAN FOR Anaphylaxis

Name: _____ Date of birth: __ / __ / ____

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: __ / __ / ____

Antihistamine: _____ Dose: _____

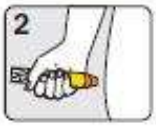
This plan does not expire but review is recommended by: __ / __ / ____

How to give adrenaline (epinephrine) injectors

EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

Anapen®



PULL OFF BLACK NEEDLE SHIELD



PULL OFF GREY SAFETY CAP from red button



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90°angle (with or without clothing)



PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:
- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:
- Stay with person, call for help
- Locate adrenaline injector
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:
- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This plan is a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

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ACTION PLAN FOR Allergic Reactions

Name: _____ Date of birth: __ / __ / ____

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the patient or parent/guardian, according to this plan.

Signed: _____ Date: __ / __ / ____

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: __ / __ / ____

This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR IF AVAILABLE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

Adrenaline injector doses are:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

Instructions are on device labels.

ALWAYS GIVE ADRENALINE INJECTOR FIRST and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

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Outdoor School – 15 Mile Creek

Medication Authority Form

For students requiring medication to be administered at school. This form is not required if a student does not have any medications.

This form should, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- **For students with asthma**, Asthma Action Plan
- **For students with anaphylaxis**, an ASCIA Action Plan for Anaphylaxis

Please only complete the sections below that are relevant to the student's health needs. If additional advice is required, please attach it to this form.

Student Details:

Name of school: _____

Name of student: _____ Date of Birth: _____

MedicAlert Number (if relevant): Review date for this form:

Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it taken? (eg oral/topical)	Dates to be administered	Supervision required
				Start: / / End: / / **OR** ☐ Ongoing medication	☐ No – student self-managing ☐ Yes ☐ remind ☐ observe ☐ assist ☐ administer
				Start: / / End: / / **OR** ☐ Ongoing medication	☐ No – student self-managing ☐ Yes ☐ remind ☐ observe ☐ assist ☐ administer

Medication delivered to the school:

Please indicate if there are any specific storage instructions for any medication:

_____

_____

Please ensure that medication delivered to the school:

☐ Is in its original package.

☐ The pharmacy label matches the information included in this form.

Supervision required:

Students in early years will generally need supervision of their medication and health care management. In line with their age, stage of development and capabilities, older students can take responsibility for their health care. Self-management should be agreed to by the student, their parents, the school and the student's medical practitioner. Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

_____

Monitoring effects of medication:

Please note: School staff ***do not*** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement:

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) and the law.

Authorisation to administer medication in accordance with this form:

Name of parent/carer: _____

Signature: _____ Date: _____

Name of medical/health practitioner: _____

Professional Role:

Signature: _____ Date: _____

Personal Clothing and Packing List

Please note that there is an overlap of items required for the residential component as well as the journey. Students are encouraged to pack enough for the 12 day program, there will be a few opportunities to wash clothes during their program.

Residential Packing List

- Warm jumpers
- Vest (a great extra)
- Shorts
- Tracksuit pants/leggings/pants
- T-shirts
- Bathers
- Solid walking boots or runners for activities (Not slip-ons)
- Spare runners
- Underwear and socks
- Pyjamas
- Sunhat

Journey Packing List

- Set of thermal underwear (top and bottom)
- Warm jumpers (polar fleece or woollen preferred)
- Pants/Trackies
- Shorts
- **2 Long sleeved shirts with collars (sun protection)**
- Bathers
- Underwear & socks
- Pyjamas
- Warm gloves & Beanie
- Old runners (not slip-ons or thongs) or river shoes. (these will get wet)
- Dry comfortable shoes (for evenings)
- Sunhat (wide brim)
- Sarong or lightweight travel towel

Other Items

- Sunglasses, sunscreen & lip balm
- Drink bottle
- Torch (small with spare batteries)
- Personal medical requirements
- Book for personal reading

Linen

- Sleeping Bag for sleeping indoors at 15 Mile Creek
- 1 pillow
- 2 towels

Toiletries

- Soap
- Toothbrush & toothpaste
- Hairbrush
- Shampoo and conditioner

15 Mile Creek Supplied Gear

- Fitted sheet
- Waterproof jacket and over pants
- Gloves
- Lunch box and drink bottle
- Day-packs
- Specialist equipment (tent, sleeping bag, sleeping mat, backpack, helmet etc.) are all provided.

Please Note:

- Schools who attend late Term 2 or early Term 4 (possible winter conditions) should make sure to bring extra warm clothing to their program.
- All personal items and luggage should be clearly marked with the owner's name. The Department of Education does not hold insurance for personal property brought to schools and it has no capacity to pay for any loss or damage to such property.
- Try to utilise clothes and other items you have at home rather than buying anything special for the program.
- Outdoor School is a Sun smart School. Students are encouraged to wear a hat and clothing with long sleeves and collars, to wear suitable sunglasses and to apply sunscreen.
- Students are not to bring aerosol propellant cans e.g. deodorant sprays.

Sample Timetable

	Group	AM	PM	Evening
Monday	1	Arrive and Group leader briefing, group games	Team Initiative	What is Future makers?
	2		Team Initiatives	
Tuesday	1	Paddle Making	Canoe skills	Flying fox
	2	Canoe skills	Paddle Making	Night orienteering
Wednesday	1	Bike ride	Orienteering	Night orienteering
	2	Orienteering	Bike Ride	Flying fox
Thursday	1	Connections – tour to local indigenous area	Journey Preparation	Guest Speaker – Tim cope
	2	Connections – tour to local indigenous area	Journey Preparation	Guest Speaker – Tim Cope
Friday		Journey	Journey	Journey
Saturday		Journey	Journey	Journey
Sunday		Journey	Journey	Journey
Monday		Journey	Journey	Journey
Tuesday		Journey	Journey	Movie Night (North of the Sun)
Wednesday	1	River day – King River	River day – King River	Night walk
	2	River day – King River	River day – King River	Nght walk
Thursday	1	Connections – local community project	Elective	Celebration night
	2	Connections – local community project	Elective	Celebration night
Friday	1	Reflection	Students leave at 12pm	
	2	Reflection	Students leave at 12pm	

Home school teachers are responsible for the supervision of students from 10pm till 7.30am each day.

General Information

Physical Fitness for the Program

Students will be involved in strenuous activity and it is strongly advised that students and visiting teachers undertake a planned comprehensive fitness program as part of their preparation for their program. This may be incorporated into the schools Health and PE curriculum leading up to the 15 Mile Creek Experience.

Fees:

Please liaise with your home school contact teacher for details of the cost per student. If required please contact Outdoor School 15 Mile Creek on 03 5766 6247 or via email outdoor.sch.fmcc@education.vic.gov.au.

Accommodation and Facilities:
Accommodation - Students will be accommodated in a shared bedroom whilst on program at 15 Mile Creek campus. Students and visiting teachers (VT's) are accommodated across four buildings as required, this includes two dormitories that are divided into smaller rooms of eight to twelve students, each dormitory can accommodate up to twenty students & a minimum of one visiting teacher in total. The other two separate accommodation buildings can accommodate from ten or fourteen students and a minimum of one visiting teacher in each. Accommodation buildings are furnished with bunk beds, mattress, and cover sheet. Students and VTs are required to bring their own sleeping bag and pillow. All abilities facilities (i.e. wheelchair ramps) are provided to some accommodation buildings. All accommodation buildings have heating and cooling.
Facilities -
15 Mile Creek has the following facilities available for use by students and staff while on program:-

- An amenities block consisting of two separate bathrooms, one bathroom has four cubical showers and four cubicle toilets and the other has four cubical showers, three cubical toilets and a urinal. There is a bathroom/toilet facilities in each of the separate accommodation buildings and a standalone all abilities amenities block containing 2 bathrooms/toilets.
- Two onsite laundries containing a commercial washing machines and clothes dryers, there is also a drying room onsite.
- Registered kitchen, dining room and indoor and outdoor recreation areas
- First Aid room containing essential first aid supplies and equipment. The first aid room has a single bed with linen provided. The first aid room is located in the main office building. When in use the first aid room is monitored by first aid qualified Outdoor School staff or visiting school staff.

Catering
The Campus employs a catering manager and catering assistant who provide all meals and specifically cater for the program and dietary requirements. For planning and catering purposes, the final numbers of students and staff from the school needs to be sent to the Campus two weeks in advance with any special dietary requirements.

Transport
Schools are required to arrange for return transport between their school and 15 Mile Creek. Local transport during the program will be in Outdoor School vehicles.

Sick Students
Should a student be unable to take part in the program, then a visiting teacher may be required to supervise them at the Campus. 15 Mile Creek has a sick bay for dealing with first aid needs.

Reports
At the conclusion of the program, 15 Mile Creek teachers will write reports for each student including standards achieved according to the Victorian Curriculum.

Telephone
Inward phone calls are received between 8.30am and 4.30pm. Outgoing calls may be made any convenient time by staff or students if needed, however; Students are discouraged from calling or receiving calls during the program. 15 Mile Creek has an answering machine at times when the office is unattended. All 15 Mile teachers have communications equipment for safety during program.

Emergency Telephone Numbers

15MC (Office)	03 5766 6247
Principal – Roger Blackwell	0417 202 578
15MC Principal – Rhys Evans	0428 789 338

DET Office of Emergency Management – 24 hours 03 9589 6266

Future Maker Curriculum

Below is a representation of the major components of the curriculum attached to the program.

