Dear Parents and Students,

In preparation for a busy 2015 the music department will be conducting a camp to provide students with intense rehearsals, tutorials and an opportunity to develop their team spirit. The camps will be held at Camp Warrawee, 81 Byres Rd North, Joyner from Sunday 26th April to Tuesday 28th April, 2015.

Why hold camps?
Music camp has become a significant part of the Kelvin Grove program. It is designed to:
- Provide an opportunity for intensive rehearsal
- Develop teamwork skills
- Provide an opportunity to work with visiting specialists
- Provide an opportunity for social interaction and fun

Who goes on camp?
Students involved in camp are those from Symphonic Wind Ensemble, Wind Ensemble, Corelli Strings, Allegri Strings and selected Percussion Ensembles.

Details of Music Camp
Students are required to arrive via their own transport to Camp Warrawee, by 10.00am on Sunday 26th April.
All students will be transported back to Kelvin Grove State College by bus, arriving at approximately 3.00pm on Tuesday 28th April 2015.

How much will it cost?
The cost of the camp is $260. This covers transport, accommodation, meals, activities and visiting specialists.

How do I pay?
Payment must be made to the Sub Shop by: Wednesday 1st April 2015.

Please note: Refunds will not be possible.

If you have any difficulties with these arrangements or any financial issues please contact Lynette Hitchens-Bird (hitch4@eq.edu.au or 3552 7341)

Other details
Please return the attached CONSENT/MEDICAL FORM to Mrs Hitchens-Bird in H Block by Monday 16th March 2015. Please ensure that the medical section of this form is completed in detail in case of emergency.

Other forms: Dietary requirements. This should be returned to Music Block office along with your permission forms.

Those who have had children participate in music camps before will understand the valuable role camps can play in inspiring students to develop their full musical potential. Camp is a vital part of the music program.

The attached AUTHORITY FOR MEDICATION TO BE ADMINISTERED FORM, must not be returned until the day of the camp, and should be handed, along with medication to Mrs Hitchens-Bird on arrival.

Thank you for your support,

Mrs Lynette Hitchens-Bird
Instrumental Music Coordinator

Mrs Colleen Toohey-Jones
Head of Department
L'Estrange Terrace, Kelvin Grove Qld, 4059

Dr Regan Neumann
College Executive Principal

Phone: 07 3552 7333 Fax: 07 3552 7300 Email: info@kelvingrovec.eq.edu.au Web: kelvingrovec.eq.edu.au
Music Camp Check List:

1. Payment of $260 to Sub Shop before 1st April

2. Consent/Medical form to Music Block before 16th March

3. Special Dietary requirements to Music Block before 16th March

4. Medication & Authority handed to Mrs Hitchens on arrival to camp
MUSIC CAMP (26th – 28th April 2015)
PERMISSION/ MEDICAL DETAILS FORM

Students Name: _____________________________
Class: _____________________________
Date of Birth: _____________________________

As a parent/guardian of _____________________________
I, _____________________________ give my consent for him/her to participate in the INSTRUMENTAL MUSIC CAMP
(26th – 28th April 2015) and agree to delegate my authority to the teachers involved.

Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of
the students as a group, or individually, in the above-mentioned activity.

I also authorize the teachers to obtain medical assistance they deem necessary should an accident occur, and agree to pay all medical
expenses incurred on behalf of the above student.

I further authorize qualified practitioners to administer anesthetic if such eventuality arises.

I submit the following medical information about the above student and include details of limitations he/she has for the activity
concerned.

Signed: _____________________________
PARENT/GUARDIAN

MEDICAL INFORMATION

Is there any medical or psychological reason to prevent your child from participating in any of the activities
outlined in the information sheet. Yes / No If YES, give details ________________

<table>
<thead>
<tr>
<th>Medical Issues</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Problems</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Respiratory problems</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Allergies</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Travel Sickness</td>
<td>Yes / No</td>
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<tr>
<td>Blood Pressure</td>
<td>Yes / No</td>
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<tr>
<td>Operations</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Yes / No</td>
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<tr>
<td>Recent Illness</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Injectons and when (e.g. tetanus)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Reaction to Bee stings* send medication and strength.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Drugs required</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Drug reactions (e.g. penicillin allergy)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Other</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Phobias</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Bed-wetting</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

Emergency Contacts: _____________________________

Phone: _____________________________

Address: _____________________________

Medicare Number: _____________________________

Private Fund details: _____________________________
Activity Consent Form

Consent
Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

☐ I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education, Training and Employment does not have personal accident insurance cover for students.

☐ I give consent for my child, ________________________________ (print child’s name) in year ___ (print year level details), to participate in the activity detailed above.

☐ I agree to pay to the school the costs detailed above for my child’s participation in the activity.

☐ In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.

☐ I have provided the school all relevant details relating to my child’s medical or physical needs on enrolment and where relevant have updated this information.

☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child’s behalf.

Parent/Carer Name: ________________________________ (Please Print)
Contact Phone No: ________________________________
Parent/Carer’s Signature: ________________________________
Date: ________________________________

Additional medical information
The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child’s full participation in the activity described in the form.

Allergies (any known):

______________________________________________________________

______________________________________________________________

Last tetanus injection (year):

____________________________________________________________________________________

Current medication or any medication regularly taken:

____________________________________________________________________________________

____________________________________________________________________________________

Does your child have a medical treatment plan: (Circle) ☐ YES ☐ NO

Note: If the activity is longer than 1 day in duration, please provide details of the current treatment plan via attachment.

You may also wish to provide the following information*:

Name of child’s medical practitioner:

Telephone No.: ________________________________

Private Health Insurance Company (if provided): ________________________________

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

☐ I would like this additional information about my child’s medical and physical details to be recorded in OneSchool records.

Privacy Notice
The Department of Education, Training and Employment is collecting the personal information requested in this form in order to:
- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of, the activity; and
- update school records were necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance
The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child.

Please take this into consideration in deciding whether or not to allow your child to participate in this activity.
Additional Camp Forms
Return along with camp permission forms by
Monday 20th April
If later than this special meals will not be available

SPECIAL DIETARY REQUIREMENTS FORM

Student Name: ___________________________ Form: ______

Please tick the appropriate box

☐ No special dietary requirements  ☐ Diabetic

☐ Vegetarian  ☐ Other

Details - 


Parent Signature - ___________________________ Date - ________
MUSIC CAMP 26th – 28th April
MEDICATION AUTHORITY FORM
PARENT/GUARDIAN’S AUTHORITY FORM FOR MEDICATION TO BE ADMINISTERED

Note: Return on the morning of the camp only attached to medications Needed if taking any medication including paracetamol.

(Permission form is valid for duration of camp only, unless there is permanent medication where special negotiation will take place)

I hereby authorize medication to be administered to my child. Details are:

CHILD’S NAME - ____________________________________________

CLASS - ____________________________________________

MEDICATION - ____________________________________________

TIME/S FOR ADMINISTRATION - ____________________________________________

DOCTOR WHO PRESCRIBED - ____________________________________________

PROBABLE PERIOD OF TREATMENT - ____________________________________________

OTHER MEDICAL INFORMATION - ____________________________________________

Signature of Parent/Guardian ___________________________ Date ___________________________

ADDRESS: ____________________________________________

PHONE NUMBER: ____________________________________________
IMPORTANT NOTES FOR YOU:

MEDICATION
All students who require medication MUST hand it to Mrs Hitchens on arrival to camp with the Medication Authority Form. All medication must be clearly marked with the students' name, dose and when the medication should be taken i.e. with or without food etc.

RULES
- All normal school rules and expectations apply!
- Consider and respect all others on camp with you, including staff/adults, friends, bus drivers, accommodation staff and local residents.
- Be polite and courteous at all times
- Students should take appropriate casual clothes, enough for the duration of camp.
- Mobile phones are permitted. They are however, the sole responsibility of the student. Mobile phones may be used in spare time only.
- Personal music devices are allowed to be used in spare time only. No stereos or cd players with external speakers are permitted.
- Mobile phones and personal music players used after lights out will be confiscated.
- There will be no mixing of boys and girls in rooms under any circumstances!
- Any students who deliberately disobey any school rules will be sent home at the parent's expense.

WHAT TO BRING - checklist
- Casual clothing for three days/two nights – don’t forget your Pyjamas! *(bring something warm, it might get chilly night)*
- Closed in shoes suitable for walking / outdoor activities (NO THONGS/SANDALS)
- Hat, sunscreen, insect repellent
- Raincoat (scheduled activities continue in wet weather!)
- Water Bottle
- Sleeping Bag OR sheets/warm bed cover
- Pillow and pillow case
- Bath towel
- All toiletries you require. *(don’t forget that toothbrush!)*
- Your instrument! *(with spare reeds, valve oil, stings etc)*
- All your music *(for each ensemble you are in)*
- Pencil & eraser *(for rehearsals)*
- A smile!!

Camp Contact Number – TBA

Note: Music stands will be provided by the school