



# Byron Bay High School

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## YEAR 7 CAMP - 24 TO 26 FEBRUARY 2021 - CAMP KOINONIA EVANS HEAD

Byron Bay High School would like all Year 7 students to attend a camp that will take place at Camp Koinonia Evans Head. This will be our 33rd Year 7 Camp!

The camp aims to be fun and build social relationships between students who will work with one another for the next six years. The camp allows students to get away together outside of school and engage in activities set to challenge them and meet new friends. Students at the camp must function as individual members of a large team and accept responsibility for their own behaviour.

Trained Year 11 peer support leaders will assist teachers in the activities at the camp. The camping experience helps students adjust to high school and introduces them to senior students who may assist them during the year. Please see attached information sheets. **Cost: \$305.**

**Ms J Marcus, Principal / Mr R Duncan, Head Teacher Welfare / Mr H Humphreys, Year 7 Advisor 2021**

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### PARENT CONSENT FORM

I hereby consent \_\_\_\_\_ (student name) to attend the Year 7 Camp at Evans Head involving travel by bus.

**Please complete and have your child hand in all three pages of this note together with the full payment by Friday 5 February 2021.** Payments can be made on our website <https://byronbay-h.schools.nsw.gov.au>, click 'Make a Payment' at the top of the page.

**If paying online please write the receipt number here .....**

Supervised canoeing is planned. The camp provides qualified supervision and instruction along with safety equipment.

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I give consent for my child to swim and canoe at the Year 7 camp:       YES     NO (Please tick)

My child is a:                      Strong                                      Average                                      Poor/Non-Swimmer                      (Please Circle One)

I give my permission for the supervising teacher to seek medical aid if necessary.

Signature: ..... (Parents/Guardian)

Medicare Number: ..... Date: ..... / ..... / .....

Address: .....

Emergency Contact: Home: ..... Mobile: .....

Alternate Emergency Contact: Name: ..... Phone: .....





- School Camps
- Youth Camps
- Group Camps
- Accommodation

## Koinonia Student Health Consent Waiver For: (Confidential)

(To be handed to Koinonia staff on arrival prior to commencement of Activities.)

Group Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

As a parent or guardian of the participant, I give my consent for them to participate in the recreation activities provided by Koinonia. I am aware that elements of this program can be emotionally and physically demanding. I understand that certain obvious and /or inherent risks and dangers exist in the activities they will participate in.

These risks include falls from height, objects falling from above, trips and falls, falls from equipment, collisions between persons or persons and objects, pedestrians and or traffic accidents, drowning, getting lost, weather effects, contact with native animals and others.

I acknowledge that while Koinonia Ministries Ltd, its staff, contractors and others will make every reasonable effort to teach the participants sound outdoor technique and to minimise exposure to known risks, all hazards and dangers with these activities cannot be foreseen and may be beyond the control of Koinonia, its staff, contractors and others.

I recognise that the training provided by the staff is not sufficient to equip participants to carry out the activity without supervision by a trained instructor.

I have read all the program description located at <http://www.campk.org.au/activities-list.html> and the gear list <http://www.campk.org.au/images/pdf/Forms/suggestedgearlistgeneral.pdf> and will endeavour to ensure the participant attends with all personal equipment required.

I authorise Koinonia, its staff and others to obtain medical assistance that is deemed necessary and I agree to pay all medical expenses incurred on behalf of the participant.

The participants health is such that the activities planned will in no way aggravate any present condition. If in any doubt I will seek medical advice prior to the attendance of the participant.

### Photography and Publicity

I do/do not give permission for the Koinonia Staff to take and use photographs of my child for marketing including brochures, on our website or posting on our Facebook Page.

Parent Name : \_\_\_\_\_ Signed \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Contact \_\_\_\_\_

Date of Birth of participant \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Fund \_\_\_\_\_

Medicare Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Participant Name: \_\_\_\_\_

Please circle Yes or No to the following and supply appropriate details for each Yes / No answer below.

Does the participant suffer from any of the following:

<b><i>Drug related allergies</i></b>	<b><i>Yes / No.</i></b>	
<b><i>Environmental Allergies</i></b>	<b><i>Yes / No.</i></b>	
<b><i>Conditions requiring medication ie Epipen</i></b>	<b><i>Yes / No.</i></b>	
<b><i>Recent illness or Injury</i></b>	<b><i>Yes / No.</i></b>	
<b><i>Emotional or Behavioural Disorders</i></b>	<b><i>Yes / No.</i></b>	
<b><i>Hearing Problems</i></b>	<b><i>Yes / No.</i></b>	
<b><i>Respiratory Problems</i></b>	<b><i>Yes / No.</i></b>	
<b><i>Bed Wetting</i></b>	<b><i>Yes / No.</i></b>	
<b><i>Swimming Status</i></b>	<b><i>Strong / Average /Poor</i></b>	
<b><i>Other</i></b>		

Emergency Response/Care Plans to be completed if you have any of the below:

- severe asthma, type 1 diabetes, epilepsy and anaphylaxis
- any student who is diagnosed as being at risk of an emergency
- any student who requires the administration of specific health care

Forms are found on our website <http://www.campk.org.au/forms-info>

**Dietary Requirements: If you have a food allergy please complete below details. (15% Surcharge Applies)**

Please tick the box(s) that apply.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Peanut Allergy           | <input type="checkbox"/> Tree Nut Allergy              | <input type="checkbox"/> Egg Allergy     | <input type="checkbox"/> Milk/Dairy Allergy |
| <input type="checkbox"/> Seafood Allergy          | <input type="checkbox"/> Sesame Allergy                | <input type="checkbox"/> Coeliac Disease | <input type="checkbox"/> Soy Allergy        |
| <input type="checkbox"/> Fish/Shellfish Allergy   | <input type="checkbox"/> Sesame Allergy                | <input type="checkbox"/> Vegetarian      | <input type="checkbox"/> Vegan              |
| <input type="checkbox"/> Gluten/Wheat Intolerance | <input type="checkbox"/> Other (Please Specify): ..... |  |   |

1. Are you able to have small amounts of the allergens you have listed above?  YES  NO
2. Are you able to have foods which carry the warning "may contain traces of..."?  YES  NO
3. Will you be providing your own food?  YES  NO (Please specify)

.....  
 .....

4. Please provide any other information in relation to your food allergy.

.....  
 .....

I have read and understood the 'Special dietary requirements while eating at the Koinonia Dining Hall'.

I understand that the Koinonia makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. I understand that while Koinonia is able to take every reasonable effort to avoid the allergens listed, even when they have been disclosed. In prepared food, it is impossible for Koinonia to provide any guarantee that the participant will not come into contact with the listed allergen or residues during the stay.

The participant understands that it is a requirement that anyone with a known food anaphylaxis carry an Epipen with them at all times whilst at Camp Koinonia. I understand that the Group Leader/Teacher of the visiting group is responsible for ensuring that a person trained in issuing Epipen or other auto injector of adrenaline is in attendance with the visitor with food allergies to administer the medication as required.

Parent/Guardian Signed..... Date.....

Print Name.....