20 September 2022



Dear Parents and Carers,

Year 7 students will be attending a camp in Week 3 of Term 4 at the Tallong Outdoor Education Centre NSW. The details are as follows:

Ningil, Penola and Tullow Houses:24 – 26 October 2022Balgo, Brescia and Seiwa Houses:26 – 28 October 2022

The Year 7 Camp is an excellent opportunity for students to develop relationships with their peers and enjoy diverse experiences outside of the formal school setting. It is expected that all students will attend the Camp.

A Year 7 Camp Parent Information Evening will be held for parents on **Tuesday 11 October 2022.** The meeting will be via Microsoft TEAMS from the comfort of your home, commencing at 5.30pm. The Information Evening will provide an opportunity to hear an overview of the Camp and address any general questions or concerns you may have so that this opportunity is accessible to all Year 7 students and is a safe and enjoyable experience for all. Please note that the evening is not for students.

Click here to join the meeting

Students will be involved in various activities at the Camp for which all equipment will be provided. The cost of the Camp is included in Term 4 school fees and covers all expenses including activities, accommodation, meals and transport. Merici teachers and qualified instructors will supervise all activities. All teachers attending are qualified in Senior First Aid and/or in CPR.

We anticipate that the Year 7 Camp will be a positive and memorable experience for each student in the year group. Normal College conduct will be expected, and the Tallong safety rules will also apply. Parents will be contacted and asked to collect their daughters if any serious misbehaviour occurs.

To confirm your daughter's attendance at Camp, please complete the following form no later than **Monday 10 October 2022.** Please complete the compulsory personal and medical fields.

https://forms.microsoft.com/r/JUZ76wJX1X.

Once the online form has been completed, you will receive a summary of the information provided along with a pdf version of the consent form.

MERICI COLLEGE

Wise StGPO Box 154BraddonCanberraACT 2612ACT 2601

Telephone (02) 6243 4100 Facsimile (02) 6243 4199 principal@merici.act.edu.au www.merici.act.edu.au

By consenting for your daughter to attend the Camp, we ask that you acknowledge that this event/activity is required to be held in accordance with any current NSW/ACT Health COVID-19 Public Health Orders and the Merici College policies and procedures. We ask that you acknowledge and accept that there is a risk that your child may be exposed to COVID-19 whilst attending and participating in this event. We ask that your child does not attend if displaying any symptoms of illness and/or if directed to isolate under public health orders. You will be asked to collect your child or make suitable arrangements for collection should it be identified your child has COVID symptoms or tests positive for COVID whilst attending the excursion.

Please also carefully read the attached letter regarding the administration of medication. If your daughter requires medication to be dispensed whilst on Camp, please complete and return the relevant forms (also attached) by **Wednesday 12 October 2022.**

A detailed information letter about the Camp will be emailed to parents and carers early next term, including travel arrangements, a list of camp requirements, equipment, and a packing list.

Attachment	Action	Return by date
Permission form	Please complete online. https://forms.microsoft.com/r/JUZ76wJX1X	Monday 10 October
Letter – Administration of Medication – Year 7 Camp	For parent information	N/A
Form 1 - Request to Dispense Medication	If applicable, parent to complete, sign and return the hard copy form to your Daughter's House Coordinator.	Wednesday 12 October
	On the day of departure for camp hand the medication (clearly labelled with student name and dosage requirements and packaged in a sealed plastic bag) to the designated First Aid officer. (Asthma sprays may be held by the student)	
Form 2 - Request to Dispense Medication (Schedule 8 drugs only)	If applicable, parent to complete, sign and return the form to your daughters House Coordinator.	Wednesday 12 October.
	On the day of departure for camp hand the medication (clearly labelled with student name and dosage requirements and packaged in a sealed plastic bag) to the designated First Aid officer.	Monday 24 October or Wednesday 26 October.

With this letter you will find a copy of the following attachments

Form 3- Deed of	If applicable, parent to complete, sign and	Wednesday 12
Indemnity (Schedule	return the form to students Pastoral Care	October
8 Drugs)	Teacher.	

If you have any queries regarding your daughter's participation in the Camp, please do not hesitate to contact your daughter's House Coordinator or myself on 62434100 or email <u>kate.durham@merici.act.edu.au</u>.

With kind regards

Kate Durham Deputy Principal Wellbeing

Balgo House – Mrs Kyla Firman <u>kyla.firman@merici.act.edu.au</u> Brescia House – Miss Jess Tillack <u>Jessica.tillack@merici.act.edu.au</u> Ningil House – Mrs Rebecca Casey <u>Rebecca.casey@merici.act.edu.au</u> Penola House – Mr Damian Brogia <u>Damian.borgia@merici.act.edu.au</u> Seiwa House – Mrs Louisa Barnsley <u>louisa.barnsley@merici.act.edu.au</u> Tullow House – Mrs Emma Kennedy <u>emma.kennedy@merici.act.edu.au</u>



Dear Parents and Carers

ADMINISTRATION OF MEDICATION – YEAR 7 CAMP

I am writing to advise that any student who requires medication to be dispensed during school hours or whilst on excursion, must have the attached Request to Dispense Medicine form (Form 1) completed by a parent/carer and returned to the College. This includes any medications such as Epipens, headache or hay fever tablets which will be taken to camp for daily or occasional use.

Any student who requires Schedule 8 drugs to be administered during school hours or whilst on camp, must have the attached forms (in addition to Form 1 mentioned above) completed by a parent/carer and returned to the College:

- Form 2: Notification and Request by Parent/Carer for the Administration of medication during School Hours Schedule 8 Drugs only
- Form 3: Deed of Indemnity (Schedule 8 Drugs)

Schedule 8 drugs are listed by the Pharmaceutical Benefits Scheme and include all medications used in the treatment of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorder (ADHD).

It is the responsibility of parents/carers to ensure that medication held by the College for their daughters is in date. Any medication dispensed at school or on excursion must be supplied in the container in which it was purchased from the pharmacy, must be clearly labelled with your daughter's name, and include the name of the drug, the dosage and frequency with which it is to be given and the prescribing doctor's name and phone number.

Please note that without the signed forms, staff will not be able to dispense medication to your daughter whilst on excursion. These forms should be returned by daughter to her House Coordinator by Wednesday 12 October 2022.

The required medication is to be handed to the designated First Aid officer on the morning your daughter departs for the excursion. Should you have any queries regarding the above, please email Kate Durham, Deputy Principal Wellbeing (<u>kate.durham@merici.act.edu.au</u>).

With kind regards Anna Masters Principal

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FORM 1 REQUEST TO DISPENSE MEDICINE



To be completed by Parent or Carer

I request that my daughter:			
(Full name of student	;)		
PC b	e given / allowed to take		
(Name of Medication			
at	(times)		
in dosages of	(ml or tablets)		
For the Medical Conc	lition:		
Any other relevant co	omments:		

Please note: It is the responsibility of parents/carers to ensure that all medications are in date. All medication supplied to the College must be in the container in which it was dispensed. It must also be clearly labelled with:

- your daughter's name
- the drug's name
- the dosage and frequency to be given
- The prescribing doctor's name and phone number

Parent/Carer name (please print)_____

Signed: _____ Date: _____

FORM 2



Notification And Request by Parent/Carer for the Administration Of Medication During School Hours – Schedule 8 Drugs

To be completed by Parent or Carer

I request that my daughter: ______ (Full name of student)

PC Class _____

be allowed to take medication at school according to instructions from:

(Full name of Prescribing Doctor)

(Address and phone number of Prescribing Doctor)

The medication has been prescribed for the following reason:

I hereby give permission to the Principal to obtain relevant information from the Prescribing Doctor. I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine. I agree to indemnify the school and related parties on the terms of the attached Deed of Indemnity. Please note: It is the responsibility of parents/carers to ensure that all medications are in date. All medication supplied to the College must be in the container in which it was dispensed. It must also be clearly labelled with:

- your daughter's name
- the drug's name
- the dosage and frequency to be given
- The prescribing doctor's name and phone number

 Parent/Carer name (please print)

 Signed:

Date: ______

FORM 3 DEED OF INDEMNITY (SCHEDULE 8 DRUGS)



In consideration of the members of staff of Merici College, at my request administering medication to my daughter:

 Full name of student:
 PC______

I hereby indemnify and agree to keep indemnified the Catholic Education/Schools Office and its employees and agents, and Merici College and its employees and agents, including the teachers and other staff of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said:

Parent/Carer name (please print)

Signature of Parent/Carer

In the presence of:

_____ Date _____

Witness (please print name)

Signature of Witness