YEAR 8 CAMP 2011

Teachers attending:  Mrs Elizabeth Allotta
                     Mr Duncan Greenbank
                     Mr Scott Emblen
                     Mr Sean Smith

Dates:            Monday 14 - Friday 18 February 2011

Location:         Meebunn-bia
                  Rathdowney, 1.5 hours south of Brisbane

Emergency numbers:
During school hours:  3906 9444   MBBC Administration
After school hours:  0419 793 628   Assistant Principal

Transport
Travelling by Mt Gravatt Coaches
Departing MBBC at:    8.00 am Monday 14 February (be at school by 7.30 am)
Arrive back at MBBC at: 3.00 pm Friday 18 February

Timeline
Permission form and medical form to be returned to teacher
Ensure forms have been received by class teacher (diary signed)
Ensure items are purchased for camp - sleeping bag, suitable footwear
Pack for camp (don’t forget sleeping items and warm clothing)
Departure for Camp (don’t be late)
Return from Camp
date due
Friday 4 February
Monday 7 February
ideally before 9 February
ideally by 12 February
8.00 am on Monday 14 February
3.00 pm on Friday 18 February
OVERVIEW

Moreton Bay Boys’ College strives to be a leading school that offers its boys an innovative, broadly based educational experience. Our philosophy is built on the foundation of Christian values and aims to develop each boy’s individual abilities, equipping them with the skills necessary to be successful, productive and responsible members of society.

(MBBC Strategic Plan: 2007—2011)

The developmental program of outdoor education opportunities available to students at Moreton Bay Boys’ College supports the vision and aims of the College. Camp is a wonderful experience for all students and provides opportunities for personal growth and challenges as well as forging new friendships and creating great memories.
YEAR 8 CAMP AIMS

The name Meebunn-bia is taken from the language of an aboriginal tribe - it means in the company of an eagle. The aim of the Meebunn-bia camp is to offer quality outdoor experiences, personal challenge and team development. Programs are designed to stretch the mental, physical and social skills of both individuals and groups, encouraging students to be willing to accept consequences which help strengthen character and increase self-esteem, offering adventure-based experiences interwoven with community living and group initiatives that support the development of the students in areas such as:

- Personal responsibility
- Resilience
- Community mindedness
- Self-awareness
- Independence and self-reliance
- Relationship development and maintenance
- Group cohesion
- Confronting challenges

The specific aim of the program is to establish an acute awareness of the natural environment which is often lost in this high tech world. The shelters and facilities of campsites are simple. The camp will challenge students to leave the comforts of everyday life behind, and their base camps have either small cabins or tents, with no electricity.

EXPECTATIONS

Students

At all times, students are expected to adhere to the College Code of Conduct. The College has high expectations of the conduct and behaviour of boys whilst on camp and representing the College.

Students are expected to:

- Follow all directions and respect the position of teachers and supervisors in charge of the group.
- Act responsibly at all times whether with the entire group or separated from supervision.
- Follow all regulations and codes specified by the camp facilitators.
- Be respectful, courteous and just to others and to respect property.
- Communicate openly and seek to build and maintain positive relationships with peers, parents and staff.
- Make the most of the educational opportunities offered by the camp experience.

Parent Helpers

Parent helpers are not required for the Year 8 Camp.
ACTIVITIES TO BE UNDERTAKEN ON CAMP

The selection of activities varies depending on the size and goals of the group, the weather, availability of resources and duration of the program. The facilitators may adjust the activity or level of difficulty of a certain activity in order to more effectively meet the needs of the group.

Adventure Programs usually consist of:

- Introduction
- Ice Breakers & Games
- Trust Activities
- Group Activity (either initiative or group adventure)
- Small Adventure Activity
- High Adventure Activity
- Peak Experience
- Concluding with a group experience debrief

Other elements within the program include a selection of initiative tasks, reflection and discussion times.

ACCOMMODATION

Meebunn-bia operate several camp sites within their site at Beaudesert. One of the sites has cabins and the other sites have tents. The boys will spend 3 nights under canvas in the tents and one night in the cabins. The tents usually sleep 6 boys to a tent and the cabins sleep 4 students to a room.

CATERING

An extensive and comprehensive menu that is nourishing, satisfying and using mainly fresh produce is offered by the camp facilitator's. The menu offers three meals a day plus morning and afternoon tea and students are required to assist with the preparation of the meals, and will be involved in making camp fires, cooking, washing up and clearing away cooking and camp equipment.

MEEBUNN-BIA MEDICAL FORMS

Meebunn-bia have their own medical forms which they require families to complete and sign and return to the school for consolidating well in advance of camp. They also have their own detailed forms for asthma, severe allergic reaction and diabetes management.

Medical forms are included at the end of this booklet and parents who require the further more detailed medical forms are asked to contact their son's class teacher in the first instance and a copy will be sent to them.
EQUIPMENT CHECKLIST AND PACKING LIST

Please note items such as money, radios, mobile phones, aerosols, chewing gum, lollies and electronic games, iPods and MP3 players, pocket knives are NOT to be taken on camp.

IMPORTANT NOTE: Backpacks will be issued upon arrival at Meebunn-bia.
For ease of transfer, please bring all items in a large, strong and named garbage bag.

Items to be packed (it helps to tick as you pack)

1 sleeping bag - preferably with a stuff sack
1 pillow and pillowcase and pyjamas
Light insulated foam mat for sleeping on
Bowl, Plate, Cup, Knife, Fork and Spoon and 2 t-towels (named)
4 sets of clothes for outdoor activities (shorts and T shirts - with collar and sleeves)
1 pair of walking shoes (essential - already worn in to prevent blisters)
1 pair of sandals (for evening activities only)
3 sets of warm clothing (jumper, long sleeved t-shirts and 1 tracksuit pants - not jeans)
Underwear and socks for 4 days (thick socks recommended)
1 towel for shower
1 hat with wide brim (essential)
Beanie
Water bottle and lunch box (for sandwiches and fruit)
Small torch
Tissues or handkerchief
Insect repellent (non-aerosol)
Raincoat (available from the Uniform Shop)
Camera (digitals allowed - however recharging is NOT possible)
Pens and Pencils
4 pegs (to hang up wet clothes)
5 strong plastic bags (for waterproofing and storing wet or dirty clothes)
Personal items: soap & container and washer
  toothpaste and toothbrush
  Shampoo and sunscreen (SPF 30+)

Please ensure all items are clearly marked with your son’s name.
TABLE MANNERS AND ETIQUETTE

- Wait until everyone is seated before you begin to eat.
- Place your napkin on your lap.
- Learn to use a knife and fork correctly.
- Chew with your mouth closed and keep your elbows off the table.
- Don’t reach across other people or things. Ask someone to ‘please pass’ it to you.
- If you don’t like what is being served, simply say ‘No thank you’, but remember that Camp is an opportunity to try new things, and a small serving of new foods is encouraged.
- When you have finished eating, place your utensils on your plate and napkin beside your plate.
- Ask to be excused before you leave the table.
- ‘Seconds’ may be offered, but you will need to be patient and ensure that everyone has enjoyed their meal, then wait to be invited for a second serving.
- Help in clearing the table.
- Learn to make pleasant table conversation.
- Take the time to show your appreciation to those people that prepared the meal.

AT THE END OF CAMP

AT CAMP

- Be responsible for your belongings.
- Any wet clothing should be packed into plastic bags.
- Help in cleaning the accommodation or tent and account for any lost property.
- Assist others where you can to ensure a prompt departure
- Thank the camp facilitators for your positive experiences while on camp.

Upon returning to MBBC

- Take the time to personally thank the accompanying staff.
- Ensure you (or your parents) collect any medication from staff prior to leaving College
- Parents should encourage their son to reflect on his camp experience and share the positive experiences he had.
RISK ASSESSMENT
Operating procedures and Risk Management assessments for activities to be undertaken while on camp can be found at http://www.meebunnbia.com.au/meebunn.html

MINIMUM IMPACT CAMPING
- Bushwalking is a wonderful opportunity and is one that should not impact on the wonders of nature at all. The bush or bay is there to be enjoyed by all so follow some simple steps to ensure that you leave nature as you found it and don’t impact on the environment.
- Be considerate. Other people visit parks.
- Use a fuel stove for cooking when open fires are prohibited.
- Where allowed light fires in built fireplaces only. Put the fire out when you leave your campsite and don’t collect firewood from the park.
- Do not use pollutants in lakes and streams. These include soap, washing up liquid, shower gel or shampoo etc. they harm wildlife and harms aquatic life.
- Animals and plants are protected. Do not disturb the wildlife and try not to damage plant life when walking or putting up your tent.
- Never take shortcuts through the bush. For your safety as well as that of the wildlife, plant life.
- Leave your campsite as you found it. Do not clear, dig trenches or cut trees for poles or firewood. Never dig up grass or plants to clear a tent site.
- Take your rubbish when you leave.

POINTS TO REMEMBER
- All plants and animals are protected, especially with National Parks.
- Wash you hands before handling food or cooking.
- Be considerate of others. Shower when possible and change clothes.
- Be respectful of shared space. People camping in public campgrounds or National Parks are paying patrons and are generally there to enjoy the tranquillity of the outdoors.
PACKING YOUR PACK

Here is some general information and useful tips to use when packing your backpack

- Don’t forget that if you are prepared to carry items they must be important and therefore it is essential that your pack is WATERPROOF!
- Waterproof your gear by the use of plastic bags, especially your sleeping bag and clothes
- Ensure that where possible your sleeping bag is at the bottom
- Put heavy objects close to your back. Good packs will have a waist strap which helps to transfer the weight of the pack onto your hips. The waist straps prevent your shoulders having to bear the weight alone. The shoulder straps should then only have to ensure that the pack stays close to your back.
- Put things that you will need during the day at the top of your pack.
- Avoid hanging any objects on the outside of your pack.
- Avoid carrying milk
- Don’t drag your pack along the ground or road and don’t leave buckles undone
# Moreton Bay Boys’ College

## Year 8 Camp Medical and Permission Forms 2011

### Student Details

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
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<table>
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<tr>
<th>Date of Birth</th>
<th>Year Level/Class</th>
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### Medicare/Health Insurance

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<th>Medicare Number</th>
<th>Position on Card</th>
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### Doctor Details

<table>
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<tr>
<th>Doctor’s Name</th>
<th>Phone number</th>
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<tr>
<th>Medical Centre</th>
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### Emergency Contacts whilst on Camp

*(these can include parents)*

1. **Name**

<table>
<thead>
<tr>
<th>Relationship to student</th>
<th>Home number</th>
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<table>
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<tr>
<th>Work number</th>
<th>Mobile number</th>
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</table>

2. **Name**

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<tr>
<th>Relationship to student</th>
<th>Home number</th>
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</table>

<table>
<thead>
<tr>
<th>Work number</th>
<th>Mobile number</th>
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**Please complete this medical form and ensure you sign the permission slip on the back page tear-off section.**

An *Action Plan* must be attached to this form if your son requires any medication during Camp. Two sets of medication should be taken to Camp - one for teaching staff and one for the student. Ailment, medicine and dosage should be clearly stated on the tear-off section end of this form which is to accompany all medication taken to Camp.
Medical Information

Does your son have any of the following? :

1. Asthma
   If yes, please complete the following:
   Medication/preventer/reliever taken for asthma
   How often is medication required?
   Please list known triggers:

   Does your son have an action plan for asthma?
   If yes, please attach a copy

2. Has your son at any time in the past suffered from the following:
   An anaphylactic reaction
   (Emergency situation - severe breathing difficulties, localised swelling of body)
   A systemic reaction
   A localised reaction (rash/itching/swelling)
   Does your son require adrenalin (EpiPen) for his allergy?
   What other medication, if any, does your son take for the prevention or management of his allergic reaction?

3. Does your son have diabetes?
   If yes, please provide details and attach a management plan

4. Does your son have epilepsy?
   If yes, please provide details and attach a management plan

5. Has your son had any recent illnesses, operations or serious accidents?
   If yes, please provide details:

6. Does your son have any other medical condition?
   If yes, please provide details:

7. Please list any prescriptive or non-prescriptive medication your son requires and the dosage:

<table>
<thead>
<tr>
<th>medication</th>
<th>dosage</th>
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</thead>
<tbody>
<tr>
<td>medication</td>
<td>dosage</td>
</tr>
<tr>
<td>medication</td>
<td>dosage</td>
</tr>
</tbody>
</table>
8. Does your son suffer from travel sickness?  
   If yes, please provide details: ____________________________
   
   Yes  No

9. Allergies  
   If yes, please complete the following:

   Mediations  Yes  No  Details: ____________________________

   Insects  Yes  No  Details: ____________________________

   Nuts  Yes  No  Details: ____________________________

   Dairy  Yes  No  Details: ____________________________

   Seafood  Yes  No  Details: ____________________________

   Other  Yes  No  Details: ____________________________

   If you answered yes to any of the above, please complete the following:

   Has your son been hospitalised due to allergies?  
   Yes  No

   Details: ____________________________

   Signs and symptoms of reactions: ____________________________

Dietary Information

1. Does your son have any special dietary requirements?  
   If yes, please provide details:

   Vegetarian  Yes  No  Details: ____________________________

   Coeliac  Yes  No  Details: ____________________________

   Lactose Intolerant  Yes  No  Details: ____________________________

   Diabetic  Yes  No  Details: ____________________________

   Gluten Free  Yes  No  Details: ____________________________

   No Pork  Yes  No  Details: ____________________________

   Other  Yes  No  Details: ____________________________

   If yes, please provide full details: ____________________________

   _______________________________________________________
Other Information

Is there any other information the Camp Organisers should be aware of that could affect their Duty of Care for your son, or restrict his participation in certain Camp activities?

☐ Yes  ☐ No

If yes, please provide full details:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Parent / Legal Guardian ________________________________ Date ________________

CAMP PERMISSION FORM - Year 8 Camp

I give permission for my son to attend the Year 8 Meebunn-bia Camp from Monday 14 February to Friday 18 February 2011.

Signature of Parent / Legal Guardian ________________________________

Name of Parent / Legal Guardian ________________________________ Date ________________

MEDICATION REQUIREMENTS - Year 8 Camp

• Two sets of medication are be taken to Camp - one for teaching staff and one for the student.
• Ailment, medicine and dosage should be clearly stated on this tear-off section which is to accompany all medication taken to Camp.
• Medication is to be given to the MBBC staff in charge prior to departure.

Surname ________________________________ Given Name ________________________________

Date of Birth ________________________________ Year Level/Class ________________________________

Ailment: ________________________________

Medicine: ________________________________

Dosage: ________________________________
MEEBUNN-BIA OUTDOOR EDUCATION INC

STUDENT MEDICAL AND PROGRAM CONSENT FORM

This information is confidential and will not be used to deny participation in the program.

School / Organisation: ________________________________________________________________
Surname: ____________________________ Given Names: ____________________________
Age: _______ Date of Birth: ______________ Gender: M / F
Address: ________________________________________________________________________
Suburb / Town: ____________________________ State: _______________ Postcode: _____________
Emergency Contact 1 (Name): ____________________________ Relationship: ___________________
Phone Number: (H) ____________________________ Phone Number: (W/ Mobile) _______________
Emergency Contact 2 (Name): ____________________________ Relationship: ___________________
Phone Number: (H) ____________________________ Phone Number: (W/ Mobile) _______________

We must be able to contact the above people 24 Hours a day

Doctors Name: ____________________________ Phone Number: ____________________________
Ambulance Subscriber: Yes / No If Yes Number: ____________________________ (for non QLD residents only)
Medical Cover (Agency): ____________________________ Number: ____________________________
Medicare Number: ___________________________________________________________________

MEDICAL HISTORY

When was your last Tetanus Booster __/__/___ If 10 years + you are advised to arrange a booster before program

<table>
<thead>
<tr>
<th>Have you ever suffered from</th>
<th>YES</th>
<th>NO</th>
<th>If YES give details and complete the Section for Prescribed Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td>If YES please complete Asthma Management Form</td>
</tr>
<tr>
<td>Allergies (Foods, Plants, Insects – if Related to medication do not complete Allergy Reaction Management Form – just nominate the medication)</td>
<td></td>
<td></td>
<td>If YES please complete Allergy Reaction Management Form</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td>If YES please complete a Diabetes Management Form</td>
</tr>
<tr>
<td>Epilepsy</td>
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<td></td>
<td>If YES please complete a Medical Management Form</td>
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<tr>
<td>Heart Problems</td>
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<td></td>
<td>If YES please complete a Medical Management Form</td>
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<tr>
<td>Blood Pressure</td>
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<tr>
<td>Recent Illness/Injury/Operation</td>
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<tr>
<td>Sleep Walking</td>
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<tr>
<td>Migraines</td>
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<td></td>
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<tr>
<td>Behavioural Issues eg ADD</td>
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<td></td>
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<tr>
<td>Disabilities</td>
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<tr>
<td>Current Infectious Diseases eg. Colds, Viruses, measles, chicken pox, Head Lice, Hepatitis A,B,C, Blood disorders</td>
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<tr>
<td>Other – inc dietary</td>
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</table>

Meebunn-bia Outdoor Education Inc. PO Box 289, BEAUDESERT, QLD, 4285
Phone/Fax: (07) 5541 2820 Email: admin@meebunnbia.com.au

mydoc/originals/medicalforms/student: November 2002; Revised August 2007
MEDICINES

Is your child currently taking medication?  Yes / No

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Doctor’s Instructions</th>
</tr>
</thead>
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</table>

Please ensure medication is clearly labelled with child’s Name and dosage requirements and handed to the accompanying adult before departure to Meebunn-bia. No medication is to be carried by a child unless accompanying adult is advised.

Do you authorise the provision of paracetomol to the participant should the need arise?  Yes / No

Signed (Parent/Guardian if participant is under 18): ____________________________________________

If “yes”, please state the dosage: ____________________________________________

- Does your child wear contact lenses?  Yes / No
- Does your child have any other condition we should be aware of?  Yes / No

Details: ____________________________________________

If you have any further details which may assist us in taking care of your child during this program, please attach a separate note to this form. You may also wish to discuss any concerns with us personally.

Further information attached to this form: Yes / No

DECLARATION

This medical information is confidential and will be used to help Meebunn-bia staff respond to any injury or condition that may arise throughout the duration of the Meebunn-bia program. The completion of all sections is very important.

I acknowledge that through participation in the program activities, as organised by Meebunn-bia, that in addition to usual risks inherent, certain other risks and dangers may be encountered, which may include (but not limited to): remoteness to normal medical services, moderate physical exertion for which my child may not be prepared; weather extremes subject to sudden unexpected change; evacuation difficulties if my child is disabled. I accept the fact that while Meebunn-bia staff are skilled and experienced, they can not guarantee my child’s safety since some risks are beyond their control. My child willingly agrees to follow and comply fully with the safety standards and procedures as described by Meebunn-bia staff for each activity my child participates in.

In an emergency, I understand every effort will be made to contact parent/guardian immediately, however, I hereby authorise employees of Meebunn-bia Incorporated the obtaining on my behalf of such medical assistance as my child may require in the event of an accident/illness. I further authorise qualified medical practitioners to administer anaesthetic if the need arises. I understand that I am responsible for the costs incurred in obtaining such medical attention/treatment. I agree that this agreement shall be governed in all respects by and interpreted in accordance with the Laws of Australia.

Print Name: _____________________________  Date: _____/_____/_____

Signature of Parent/Guardian: _____________________________