



Camp Planning Booklet

... reducing administrivia

- ✓ Planning Timeline
- ✓ Accommodation
- ✓ Meeting Spaces
- ✓ Catering
- ✓ First Aid
- ✓ What to bring
- ✓ Final information
- ✓ Lost Property
- ✓ Damages
- ✓ Appendix 1: Site Layout
- ✓ Appendix 2: Gear List
- ✓ Appendix 3: Medical Forms
- ✓ Appendix 4: Dietary Summary Form
- ✓ Appendix 5: Emergency services

Questions?

02 4878 5393

wombaroo@oeg.nsw.edu.au

Postal Address:

PO Box 1229

Bowral

NSW 2576

WELCOME:

Thank you for joining us on a school camp based at the Wombaroo Adventure Centre. We hope you enjoy your time at Wombaroo.

We understand that groups have varying requirements and often require a little assistance with planning and running a camp. The staff at Wombaroo are happy to provide the level of support that you require.

CAMP PLANNING TIMELINE:

- 10 + weeks out...** Progress payment due – 25% of total cost as per numbers indicated on booking form.
- 6 + weeks out...** Hand out staff and student packages
- Confirm menu (if selecting catering) with Wombaroo, or begin own planning is self-catered.
- Finalise staff attending the camp.
- 4 + weeks out...** Collect Medical / Consent forms (if applicable):
 - Collate originals alphabetically
- Hand out any final information to students/staff attending the camp
- 2 + weeks out...** Allocate students to cabins
- Allocate students to adventure activity groups
- Confirm with Wombaroo final information (numbers, dietary restrictions, specific activities, etc.)
- Confirm with the centre office any additional requirements for the retreat (i.e. P.A Equipment, Recreational Sports Equipment)
- Final invoice will be issued at this time
- On Arrival** Provide a copy of the accommodation list to Wombaroo staff
- Provide original Medical / Consent forms for those partaking in adventure activities to Wombaroo staff
- Arrange for payment of the account prior to departure
- Arrange to tentatively book dates for your next camp at Wombaroo
- Fill out a program evaluation

ACCOMMODATION:

Allocating students to groups and cabins can often be a challenging task.

Jellore Cabins (Capacity 90)

- 13 rooms of 6 beds; 1 room with 4 beds; 1 room with 8 beds
- Toilet / shower facilities adjacent to accommodation area

Gibraltar Cabins - Students(Capacity 36)

- 6 rooms of 6 beds, with toilet / shower facilities via adjoining deck
- Automated ducted gas heating to all rooms

Gibraltar Cabins - Staff(Capacity 12)

- 3 rooms of 4 beds, with two toilet / shower facilities within building
- Staff lounge with tea/coffee facilities
- Automated ducted gas heating to all rooms

All amenities are equipped with instantaneous continuous gas hot water systems, ensuring a constant supply of hot water. Soap dispensers and mirrors are also provided above all basins.

A template for allocating students has been provided at the back of this package.



**A complete and accurate accommodation list must be provided to centre staff. This is a valuable resource in the event of an emergency.
The group co-ordinator should retain a copy of this document.**

MEETING SPACES:

Indoor Spaces

Dining Hall

- Seating for 200 internally
- Additional seating for 48 available on verandah

Meeting Hall

- Excellent P.A System, data projector, screen and effects lighting
- Fully carpeted

Breakout Rooms

- 1 Large room (12m x 6m) seats 25 – 50 people
- 2 Medium rooms (6m x 6m) seats 15 – 25 people each

Outdoor Spaces

Wombaroo offers a number of outdoor spaces including:

- **Large campfire circle** adjacent to the dining hall
- Small group **campfire areas** located around the property
- Traditional **shearing-style shelter**, great for small group gatherings
- Dining hall verandah, with seating for 48
- **Bush Chapel** with ample seating for over 100 people and a lectern fashioned out of a tree stump

CATERING:

For Catered Camps:

Wombaroo strives to provide quality meals for all clients. As such we provide a proposed menu for review and discussion. Please do not hesitate to make requests for menu changes.

Special dietary needs can be catered for, however notification must be given at least 2 weeks prior to camp with specific details. Please notify the centre office prior to program if visitors are expected during the program.

Activity groups are rostered to assist with dining room duties.

The dining area is to be cleaned after each meal and all dirty plates and utensils are to be returned to the returns area promptly after the conclusion of the meal. Cleaning includes wiping all tables and sweeping the floor.



The Dietary Summary Form must be completed by all schools having their camp catered by Wombaroo. Wombaroo staff will lead the rostered duty group through set-up or pack-up of meals. Teacher support will aid in the running of this and meal times.

Morning and afternoon tea is usually a healthy snack of fruit and a quick drink. Teachers/leaders are welcome to help themselves to tea, coffee, etc. As per the equipment list please ensure students have an appropriate water bottle with them.

For Self-catered Camps:

Self-catering groups are welcome at the centre subject to completing a self-catering registration form.

Centre staff are able to recommend local suppliers for meat, fruit, vegetables and bulk items. Supermarkets are located nearby in Mittagong and Bowral.



The kitchen premises at Wombaroo are registered with the NSW Food Authority. Inspections by external organisations may occur without notice. Wombaroo accepts no responsibility or liability for any illness, injury or costs incurred through the use of the kitchen at Wombaroo.

FIRST AID:

All activity staff are first aid trained and can assist in the event of accident or illness. Students and teaching staff should seek assistance from an instructor for administration of basic first aid. All activity staff will carry a mobile first aid kit. Please ensure that medical forms are accurate and completed in full as this assists with providing the best care for students.

Overnight and after activity sessions have finished Duty of Care for students remains the responsibility of attending staff. It is advised that an appropriate school first aid kit is brought and a vehicle is available to run students to the nearest medical centre/hospital in the event of a minor incident. A map of local emergency centres is provided at the back of this package.

Any medication indicated on the medical information form must be brought to the program and is managed by school staff.



Wombaroo staff will administer first aid during activity sessions. School staff are responsible for routine medication for students and after-hours care.

WHAT TO BRING?

For Smooth Running of your camp:

If you are planning to affix posters or signs, please bring blu-tak (preferred) or masking tape to prevent damage to surfaces.

A range of sports equipment is available for you to use. This includes, cricket, soccer, volleyball, footballs, oz-tag and marker cones.

Remember to bring a first aid kit, and at least one person that has first aid training.

PA Equipment:

Wombaroo has a great PA System. There is enough equipment to set up a full band, run a presentation, or have a dance party. All you need to bring is your instruments, instrument-specific amplifiers, music stands and a computer.

What not to Bring:

- ✗ Anything illegal in NSW
- ✗ Non-prescription drugs
- ✗ Firearms, fireworks
- ✗ Pets
- ✗ Toiletries in glass containers

FINAL INFORMATION:

It is essential that Centre staff are informed of the final numbers attending your retreat. This allows for final organisation of staff to provide activities, correct ordering of food and accurate invoicing.



**Please advise Wombaroo of your final numbers at least two weeks prior to the commencement of your camp.
The Dietary Summary Form should also be returned at this time.**

Please ensure that you have the following ready to provide to Centre staff on arrival at Wombaroo:

- ✓ Accommodation listing
- ✓ Medical / consent forms (required if adventure activities are being provided by Wombaroo)

It is appreciated if payment can be settled during your camp by cheque or direct deposit.

LOST PROPERTY:

All efforts are made to ensure that any lost property is returned with groups upon departure from the Centre. Any lost property that is found will be held for 2 weeks after the completion of the Retreat. Arrangements will be made in consultation with the group co-ordinator for return or disposal.

DAMAGES:

Please do not hesitate to inform centre staff of damages or items in need of repair or maintenance as soon as possible. This assists us in ensuring a well-maintained centre, and saves embarrassing situations following your retreat.

We understand that things break due to wear and tear and that accidents happen. Should there be a need to charge for damage, this will be discussed with the group co-ordinator prior to invoicing.

WOMBAROO ADVENTURE CENTRE

GEAR LIST



be challenged
experience adventure
build community

ESSENTIAL ITEMS - ONSITE		
ITEM:	NOTES:	PACKED:
2x tshirts		<input type="checkbox"/>
1x long sleeved shirt		<input type="checkbox"/>
2x warm jumpers	Please pack wool or polarfleece as they'll stay warm if wet.	<input type="checkbox"/>
2x shorts	Mid-thigh or longer because of sun and harnesses.	<input type="checkbox"/>
1x long pants	Lightweight is good. Jeans are not appropriate.	<input type="checkbox"/>
Underwear	1 pair per day, plus one extra.	<input type="checkbox"/>
Socks	1 pair per day, plus one extra. Thick woolen are great when hiking.	<input type="checkbox"/>
Swimmers	Boardies and a rash top will give best sun protection. Bikinis are not ok.	<input type="checkbox"/>
Pyjamas	Or something else to sleep in.	<input type="checkbox"/>
Sunhat	Wide brim please.	<input type="checkbox"/>
Sunglasses		<input type="checkbox"/>
Beanie	It can be cold at night	<input type="checkbox"/>
Sturdy enclosed shoes	For walking, running, climbing and hiking in. Ankle support is best.	<input type="checkbox"/>
Shoes (spare)	Fully enclosed shoes for water activities. Thongs, crocs, etc are not ok.	<input type="checkbox"/>
Pillow and pillow case		<input type="checkbox"/>
Sleeping bag	A three season bag should be appropriate any time of year.	<input type="checkbox"/>
1x small towel		<input type="checkbox"/>
Toiletries	Toothbrush, toothpaste, brush/comb, personal hygiene, deodorant (not spray).	<input type="checkbox"/>
Spare day pack	To carry your waterbottle, jacket, camera, etc in.	<input type="checkbox"/>
Rain jacket	Must be waterproof and have a hood.	<input type="checkbox"/>
Torch	A small torch is fine. Bring spare batteries.	<input type="checkbox"/>
4x garbage bags	Handy for putting wet shoes/clothes in.	<input type="checkbox"/>
Sunscreen	30+ SPF	<input type="checkbox"/>
Waterbottle	2x 1litre bottles (or equivalent)	<input type="checkbox"/>
Pen/pencil/notebook		<input type="checkbox"/>
Insect repellent	Not spray can.	<input type="checkbox"/>
Camera	optional	<input type="checkbox"/>
Medication	You must bring at least two doses of any prescribed medication.	<input type="checkbox"/>

ITEMS NOT TO BRING		
Jewellery		
Mobile phones		
MP3 players		
Junk food	All school programs are fully catered. No need to bring junk food to camp	

WOMBAROO ADVENTURE CENTRE

GEAR LIST



be challenged
experience adventure
build community

ESSENTIAL ITEMS - OFFSITE		
ITEM:	NOTES:	PACKED:
2x tshirts		<input type="checkbox"/>
1x long sleeved shirt		<input type="checkbox"/>
2x warm jumpers	Please pack wool or polarfleece as they'll stay warm if wet.	<input type="checkbox"/>
2x shorts	Mid-thigh or longer because of sun and harnesses.	<input type="checkbox"/>
1x long pants	Lightweight is good. Jeans are not appropriate.	<input type="checkbox"/>
1 pair Thermals	Polypropylene or merino. Long sleeve, long pants.	<input type="checkbox"/>
Underwear	1 pair per day, plus one extra.	<input type="checkbox"/>
Socks	1 pair per day, plus one extra. Thick woolen are great when hiking.	<input type="checkbox"/>
Swimmers	Boardies and a rash top will give best sun protection. Bikinis are not ok.	<input type="checkbox"/>
Pyjamas	Or something else to sleep in.	<input type="checkbox"/>
Sunhat	Wide brim please.	<input type="checkbox"/>
Sunglasses		<input type="checkbox"/>
Beanie and/or gloves	It can be cold at night	<input type="checkbox"/>
Sturdy enclosed shoes	For walking, running, climbing and hiking in. Ankle support is best.	<input type="checkbox"/>
Shoes (spare)	Fully enclosed shoes for water activities. Thongs, crocs, etc are not ok.	<input type="checkbox"/>
Sleeping bag	A three season bag should be appropriate any time of year.	<input type="checkbox"/>
Sleeping mat	Closed cell foam mat. Generally quite cheap from camping stores.	
1x small towel		<input type="checkbox"/>
Toiletries	Toothbrush, toothpaste, brush/comb, personal hygiene, deodorant (not spray). No aerosol cans.	<input type="checkbox"/>
Toilet paper	1 roll in a zip lock bag (waterproof)	<input type="checkbox"/>
Spare day pack	To carry your waterbottle, jacket, camera, etc in.	<input type="checkbox"/>
Rain jacket/pants	Must be waterproof and have a hood.	<input type="checkbox"/>
Torch	A small torch is fine or head torch. Bring spare batteries.	<input type="checkbox"/>
8x garbage bags	4x large heavy duty (orange) bags, 4x medium heavy duty (black) bags	<input type="checkbox"/>
Mess kit	Plastic cup, bowl, plate. Knife, fork, spoon. Tea towel.	<input type="checkbox"/>
Cleaning kit	Ziplock bag containing 3-4 'Jex' pads and 2-3 green scourers.	
Sunscreen	30+ SPF	<input type="checkbox"/>
Waterbottle	2x 1litre bottles (or equivalent)	<input type="checkbox"/>
Pen/pencil/notebook		<input type="checkbox"/>
Insect repellent	Not spray can.	<input type="checkbox"/>
Camera	optional	<input type="checkbox"/>
Medication	You must bring at least two doses of any prescribed medication.	<input type="checkbox"/>

ITEMS NOT TO BRING	
Jewellery	
Mobile phones	
MP3 players	
Junk food	All school programs are fully catered. No need to bring junk food to camp

The Outdoor Education Group



MEDICAL FORMS PROCEDURE (updated December 2010)

Information for School Coordinators

OEG aims to be proactive in managing risks associated with participation in an Outdoor Education program. Complete and current information surrounding participant's medical conditions/histories and medical/ dietary requirements is vital to providing the best possible management strategies. To allow such planning, a full set of complete forms need to reach OEG **3 weeks before the course (or as per contract agreement)**.

As we will be in areas that do not offer the same immediate professional medical care as in an urban setting, along with the physical nature of the activities our participants will engage in, OEG staff must be aware of any pre-existing conditions that may arise while on a program.

These forms are updated regularly to ensure that we are collecting the most relevant information possible. We ask that you check them carefully upon return from your students. For currency, the Medical Forms sent to OEG need to be no more than 3 months old.

Please do not hesitate to contact your Senior Manager with any questions. Thanks in advance for your assistance.

Please disregard and destroy any past OEG medical forms you may have.

Enclosed are single copies of the following forms:

- 1. School Student's Medical Form**
- 2. Adult's Medical Form**
- 3. Asthma Management Form**
- 4. Allergenic Reaction Management Form**
- 5. "Fitness to Participate" Form**
- 6. Group Listing**

For easier administration of this process, we suggest that you send forms 1, 3 and 4 home with students.

For adults, we suggest that you provide forms 2, 3 and 4.

1. Student's Medical Form

The Student's Medical Form is to be completed by the parent/guardian of any student intending to attend an OEG course.

2. Adult's Medical Form

The Adult's Medical Form is to be completed by any adult intending to attend an OEG course. This includes all School Staff members.

3. Asthma Management Form

The Asthma Management Section must be completed by any person who suffers from asthma.

Please check each Medical Form on its return and where necessary. So, if the participant has Asthma, distribute Asthma Management and "Fitness to Participate" forms.

If any of the "**KEY QUESTIONS**" in the Asthma Management Form are answered "**YES**", a doctor consultation is required for the student to participate.

The doctor will analyse if it is appropriate for the student to participate in the program and activities, as well as provide details of any special management plans needed.

On its return, attach the Asthma Management Information form and the "Fitness to Participate" form to the Medical Form.

OEG follows the Wilderness Medicine Institute's Wilderness Asthma Management guidelines which utilises the "Spacer" for management.

3. Allergenic Reaction Management Form

The Allergy Management Form must be completed by any person who suffers from allergies.

Please check every Medical Form on its return, and where necessary distribute Allergy Management and "Fitness to Participate" forms.

If any of the "**KEY QUESTIONS**" are answered "**YES**", a doctor consultation is required for the student to participate.

The doctor will analyse if it is appropriate for the student to participate in the program and activities, as well as provide details of any special management plans needed.

Ensure that a doctor has signed and attached the "**Fitness to Participate**" form, and has provided treatment protocols for OEG staff to follow in the event of an emergency. Please ensure parent's consent to administer supplied medication (Epipen) by OEG staff is signed, in case student is unable to self administer.

On its return, attach the Allergy Management Information and if necessary, the "Fitness to Participate" form to the Medical Form.

4. Fitness to Participate Form

This form must be signed by the doctor and returned along with treatment protocols that the doctor is willing to authorise in the event of an emergency.

5. Group Listing

The Group Listing form requires a list of all the participants for each OEG group (including Staff members). This implies one Group Listing for each OEG Group.

Any medical, severe asthma or allergy and/or dietary information as well as other requested information should be summarised against the correct participant's name.

If any of the "**KEY QUESTIONS**" on an Asthma Management Form are answered "**YES**", please ensure that a "Fitness to Participate" form is completed and attached.

If any of the "**KEY QUESTIONS**" on an Allergy Management Form are answered "**YES**", please ensure that a "Fitness to Participate" form is completed and attached.

Depending on the information provided regarding other pre-existing conditions, OEG may require a "Fitness to Participate" form be completed for these conditions.

What to do once all the forms are complete

Once the Group Listings are complete, please send ONE COPY of EVERYTHING to the office in your state. They should reach OEG **3 weeks before the course (or as per contract agreement)**. Late Medical forms may compromise our ability to adequately plan for students medical and dietary needs and consequently may compromise their health and safety.

TWO COPIES of EVERYTHING (organised per OEG Group) should accompany the participants to the venue. If any late changes occur, the Group Listings must be updated. Please update the relevant Group Listings and send/fax the updated copies to your Senior Manager at the OEG office in your state ASAP, with any additional Medical Forms.

Student's Medical Form

Confidential



The purpose of this form is to help us adequately prepare for your child's program. This information is confidential and students will not normally be excluded for medical reasons.

SCHOOL: _____ **Form/Class:** _____

STUDENT'S NAME: _____ **D.O.B:** ___/___/_____ **Male** **Female**

Parent or Guardian – Primary Emergency Contact:
Name: _____ **Relationship:** _____
Phone: (Home): _____ (Work): _____ (Mobile): _____

Medicare No:

Valid to: _____

Doctor's Name: _____ **Telephone:** _____

MEDICAL HISTORY	Please tick either Yes or No to all Questions		Provide detailed information: <i>How serious is it? What is it? When? Has it fully recovered? Any known triggers? Is it self managed? Anticipated special management needed?</i>
Asthma	[] No	[] Yes	If YES, complete the "Asthma Management Form"
Allergies	[] No	[] Yes	If YES, complete the "Allergenic Reaction Management Form"
Diabetes	[] No	[] Yes	
Epilepsy	[] No	[] Yes	
Joint/muscle/bone problems?	[] No	[] Yes	
Sight/hearing impairment	[] No	[] Yes	
Any serious injuries/illness in the last 12 months?	[] No	[] Yes	
Is your child currently on any medications?	[] No	[] Yes	<i>Please name the medication and dosage</i>
Other medical condition that may affect participation?	[] No	[] Yes	<i>Any health issue that require attention or special care?</i>
Other: learning issues; psychological, emotional or behavioural issues?	[] No	[] Yes	<i>Please add details to assist in understanding and managing the student</i>

DIETARY Any special requirements?	[] No	[] Yes	If vegetarian, does your child eat fish or white meat?
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SWIMMING ABILITY My child can swim 50metres	[] No	[] with a struggle	[] Comfortably	[] Strongly
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Please note: OEG may require, after reviewing this information, that your child visits a doctor to gain approval to participate. This will be determined after this form is received by OEG and in consultation with you

Office use only:

I declare that the information which I have provided on this form is complete and correct and that I will notify the school if any changes occur. I authorise the teacher or any employee of the Outdoor Education Group who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for OEG to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child. I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.net.au).

Signed: _____ (Parent/Guardian) Date: _____

Photograph Consent: I consent to my child being photographed and/or visual images of my child being taken during activities, for use in OEG publications, on the OEG website, or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation. *(Please strike out this sentence if you do not agree)*

Adult Medical Form

Confidential



The purpose of this form is to help us adequately prepare for your program. This information is confidential and participants will not normally be excluded for medical reasons.

SCHOOL: _____

Male Female

NAME: _____ Contact Phone: _____ D.O.B: ___/___/___

Emergency Contact:	
Name: _____	Relationship: _____
Phone: (Home) _____	(Work): _____ (Mobile) _____

Medicare No:

Valid to: _____

Doctor's Name: _____ Telephone: _____

MEDICAL HISTORY	Please tick either Yes or No to all Questions	Provide detailed information: <i>How serious is it? What is it? When? Has it fully recovered/ Any known triggers? Is it self managed? Anticipated special management?</i>
Asthma	[<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	If YES, complete the " Asthma Management Form "
Allergies	[<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	If YES, complete the " Allergenic Reaction Management Form "
Diabetes	[<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	
Epilepsy	[<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	
Joint/Muscle/bone problems?	[<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	
Sight/hearing impairment	[<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	
Any serious injuries/illness in the last 12 months?	[<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	
Are you currently on any medications?	[<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	<i>Please name the medication and dosage</i>
Any other conditions that may affect participation?	[<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	<i>Any health, psychological or learning issues that require attention or special care?</i>

DIETARY			If vegetarian, do you eat fish or white meat?
Any special requirements?	[<input type="checkbox"/>] No	[<input type="checkbox"/>] Yes	

SWIM ABILITY				
I can swim 50 metres	[<input type="checkbox"/>] No	[<input type="checkbox"/>] with a struggle	[<input type="checkbox"/>] Comfortably	[<input type="checkbox"/>] Strongly

Please note: OEG may require, after reviewing this information that you visit a doctor to gain approval to participate. This will be determined after this form is received by OEG and in consultation with you

Office use only:

I declare that the information which I have provided on this form is complete and correct and that I will notify the school if any changes occur. I authorise the school or any employee of the Outdoor Education Group to give consent where it is impractical to communicate with me, and agree to receiving such medical or surgical treatment as may be deemed necessary. I give permission for OEG to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment. I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.net.au).

Name: _____ Signature: _____ Date: _____

Photograph Consent: I consent to my child being photographed and/or visual images of my child being taken during activities, for use in OEG publications, on the OEG website, or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation. *(Please strike out this sentence if you do not agree)*

Asthma Management Form

Confidential



Participant's Name:

Name of doctor treating the participant for this condition:

Doctor's Contact Phone Number:

1. Usual maintenance medical program followed by the student:

Preventer Medication:	<input type="text"/>	Dosage:	<input type="text"/>
Reliever Medication:	<input type="text"/>	Dosage:	<input type="text"/>
Peak Flow Readings	Best: <input type="text"/>	Critical: <input type="text"/>	(Bring own Peak Flow Meter)
Any Other Details:			

2. Medication and treatment to be used during worsening Asthma:

3. Medication and treatment to be used during an emergency Asthma attack:

4. List any known asthma trigger factor(s) experienced by the student:

"KEY QUESTIONS"

5. Has asthma interfered with participation in physical exercise within the past 12 months	NO	[]	YES	[]
6. Has the student required hospitalization due to asthma in the past 12 months?	NO	[]	YES	[]
7. Has the participant been on oral cortisone for asthma within the past 12 months (e.g. Prednisone, Cortisone, etc)?	NO	[]	YES	[]
8. Has the participant suffered sudden severe asthma attacks requiring hospitalisation within the past 12 months?	NO	[]	YES	[]
9. Does the participant require the use of a nebulising pump as a part of your regular or emergency asthma treatment?	NO	[]	YES	[]

IMPORTANT NOTES:

If any of the "KEY QUESTIONS" 5, 6, 7 or 8 or 9 above are answered "Yes", the decision for the participant to attend rests with their Doctor. A "Fitness to Participate" form must be completed by the Doctor (attached). Please bring this form to the Doctor with you.

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct and that I will notify the school if any changes occur. I further declare that if my child (or I for adults) is unable to self administer supplied medication, I give permission for trained OEG staff to administer the supplied emergency medication. I give permission for OEG to pass this information to a third party [eg Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.net.au).

Name: _____ Signature: _____ Date: _____

Allergenic Reaction Management Form

Confidential



If necessary, seek the advice of your doctor when completing this form.

A DOUBLE DOSE OF ALL MEDICATION REQUIRED FOR THE PARTICIPANT'S ALLERGIC REACTION, MUST BE BROUGHT ON THE COURSE AND NOTED ON THE MEDICAL FORM.

Student's Name: _____

Name of doctor treating the student for this condition: _____

Doctor's Contact Phone Number: _____

1. What is the student allergic to?

Bites: Foods: Medications: Stings: Other:

Please Specify: _____

2. What are signs and symptoms of the person's reaction?

Low - a localised reaction (rash, itching, swelling at the site the poison/irritant enters)

Moderate - a systemic reaction (rash, itching, swelling away from the site that poison/irritant enters)

Severe - an anaphylactic reaction (severe breathing problem, total body swell, emergency situation)

Please give details: _____

3. What medication does the participant take (if any) for their allergic reaction?

4. Medication and treatment to be used during emergency situations:

"KEY QUESTIONS"

5.	Has the participant required hospitalisation due to allergies in the past 12 months?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
				S	<input type="checkbox"/>
6.	Has the participant suffered a systemic or an anaphylactic reaction (see question 2 for definition), to their allergy when triggered in the last 10 years?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
				S	<input type="checkbox"/>
7.	Does the person take, or has the person been prescribed, adrenaline (Epi-pen or similar), when suffering an allergic reaction?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
				S	<input type="checkbox"/>

IMPORTANT NOTES:

If any of the "KEY QUESTIONS" 5, 6 or 7 above are answered "Yes", the decision for the participant to attend rests with their Doctor. A "Fitness to Participate" form must be completed by the Doctor (attached). Please bring this form to the Doctor with you.

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct. I further declare that if my child (or I for adults) is unable to self administer supplied medication, I give permission for trained OEG staff to administer the supplied emergency medication. I give permission for OEG to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.net.au).

Name: _____ Signature: _____ Date: _____

Fitness to Participate Form

Confidential



School Name: _____ Year Level: _____

Name of Participant: _____ D.O.B. _____

Specific Medical Condition: (e.g. Asthma, Allergies) _____

Notes to treating Doctor

This patient is scheduled to participate in an Outdoor Education program and has self-identified a pre-existing medical condition on their medical form.

Outdoor Education programs with OEG are centred in a 'semi-wilderness' setting, meaning that professional medical care may be from 1 to 6 hours away. All programs include regular physical exercise and activities may include bushwalking (with packs), camping, cycling, rock climbing or canoeing. We operate in all weather conditions.

(Should you require any further information on the program, please contact us at (03) 5770 8200 and quote the name of the client organisation and year level listed at the top of this page)

OEG staff hold a Wilderness First Aid qualification (minimum of 7 days training). This training is based on assessing and treating a patient in a remote or wilderness setting (for more information see <http://www.wms.org/>).

Doctor to complete:

Based on this information above and the patient's condition, we ask that you decide on this person's suitability to participate in the upcoming program. If approved, please include specific treatment protocols to follow in the event of an emergency.

Do you approve this participant attending an Outdoor Education program, based on their current medical condition, coupled with the demands of the program?

Yes

No

What treatment protocol are you willing to authorize for this patient in the case of a medical emergency, in a remote location (i.e. one or more hours away from medical care)?

What should the OEG staff managing this participant in the field be informed/aware of, in regards to the particular situation for this patient? What are the recommended parameters for participation in the activities?

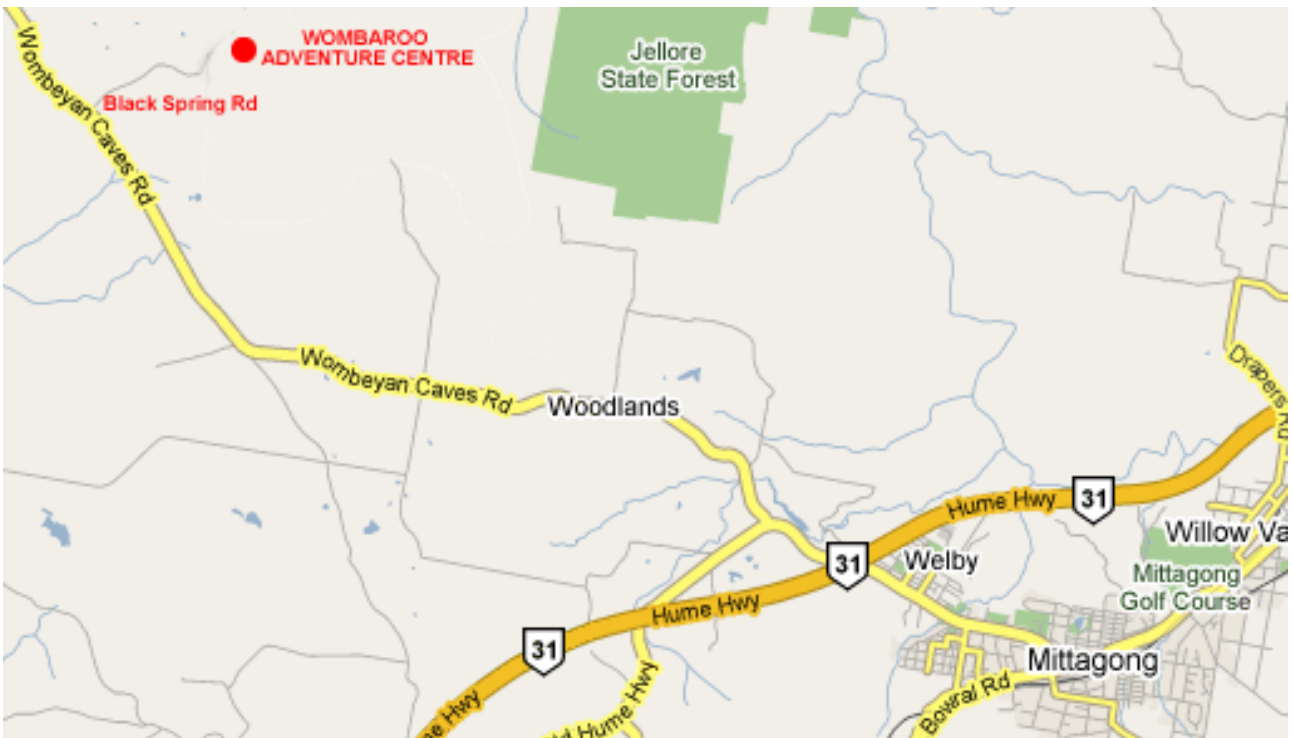
Name of Doctor: _____ **Phone:** _____

Signature of Doctor: _____ **Date:** _____

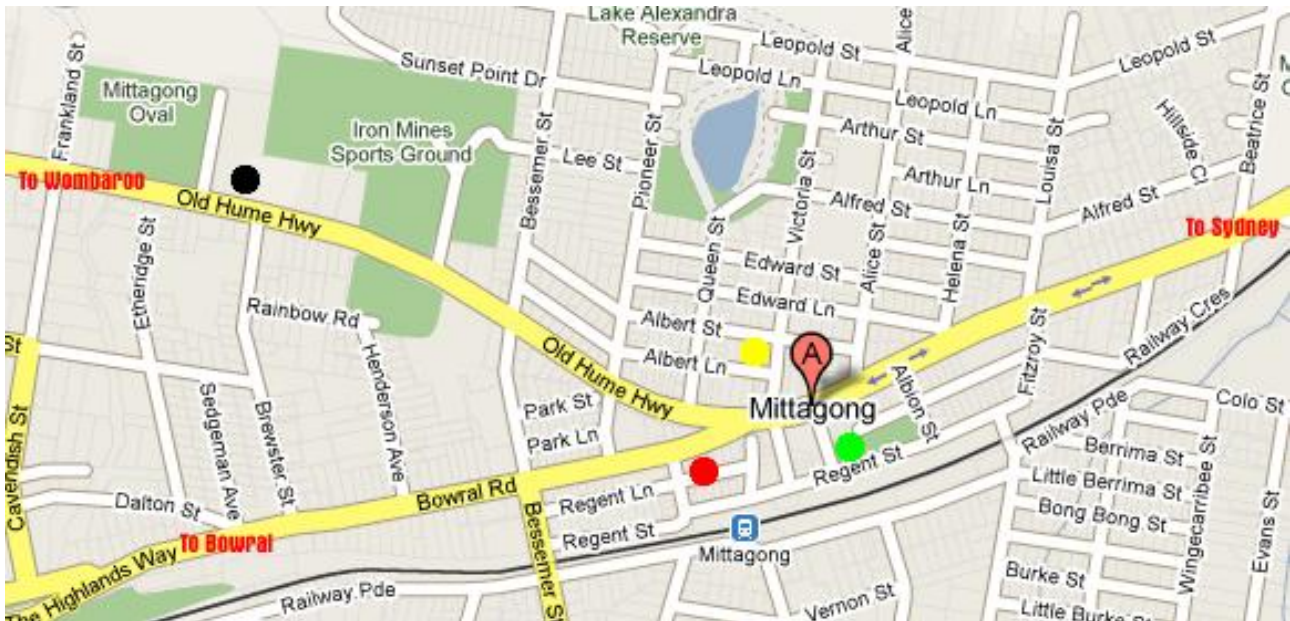
I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.net.au)

WOMBAROO TO MITTAGONG / BOWRAL

(Bowral via Bowral Rd, Mittagong)

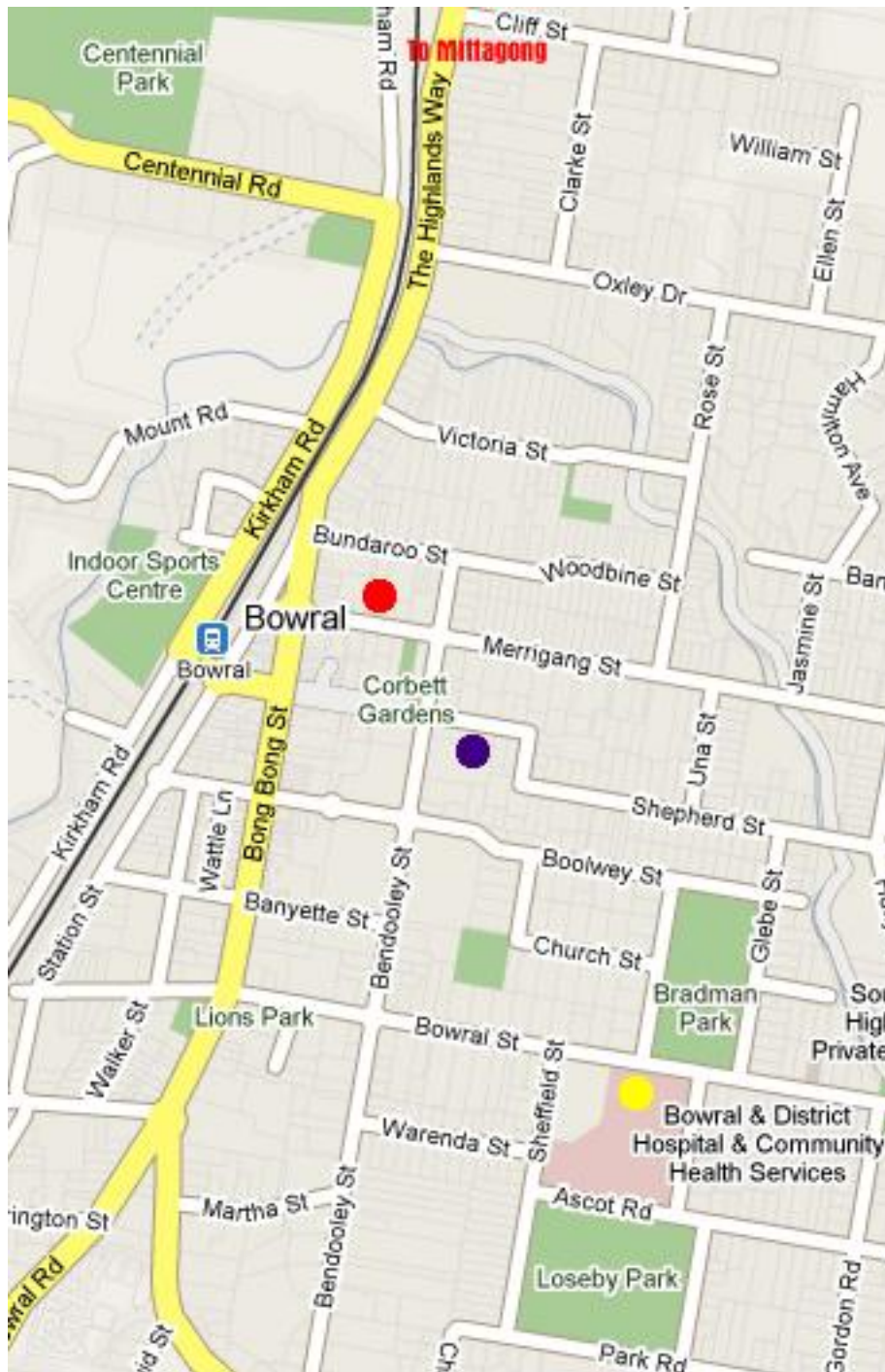


EMERGENCY SERVICES - MITTAGONG



- HIGHLANDS MARKETPLACE**
 Woolworths, Big W, Specialty Shops
197 Old Hume Hwy
 Various
- MITTAGONG HEALTHCARE CENTRE:**
 Bulk Billing Available
3 Albert St, Mittagong
 (02) 4872 3933
- MITTAGONG MEDICAL CENTRE:**
17 Regent St, Mittagong
 (02) 4871 1500
- MITTAGONG FIRE STATION**
10 Bowral Rd, Mittagong
 (02) 4871 1002

EMERGENCY SERVICES – BOWRAL



- **BOWRAL PUBLIC HOSPITAL:** (02) 4861 0216
Bowral Street, Bowral
- **BOWRAL POLICE STATION:** (02) 4862 9299
Wingecarribee St, Bowral
- **BOWRAL FIRE STATION** (02) 4862 1446
16 Merrigang St, Bowral