

Dear Families,

### Invitation to The Gap State High School's 2025 Year 7 Camp

We are delighted to extend an invitation to The Gap State High School's 2025 Year 7 Camp, a significant component of our school's Applied Positive Psychology (APP) program.

The purpose of the Year 7 camp is to create a sense of belonging and foster positive relationships between students and their teachers.

Over the three days students will gain an understanding of the school values, **Thinking Big, Stepping Up, Being Kind and Paying it Forward**, whilst participating in activities that foster teamwork and encourage students to challenge themselves.

**Camp Details:** The Year 7 Camp is an excellent opportunity for your child to embark on a journey of personal growth and relationship building. During this camp, students will participate in a range of adventure-based experiences, including activities like raft building, high rope challenges, team initiatives, and orienteering. Students will have the chance to experience both tent camping for one night and cabin accommodations for another night. All meals will be provided and hot showers will be available during the cabin stay, while toilets will be accessible throughout the camp.

**Camp Dates:** Camp 1 – Monday 31 March to Wednesday 2 April 2025 (Week 10, Term 1)  
Camp 2 – Wednesday 2 April to Friday 4 April 2025 (Week 10, Term 1)  
(Parents will be notified which connect classes will be attending which camp in Week 3 of Term 1).

**Camp Location:** Camp Somerset 1180 Stanley Pocket Road, Crossdale, Queensland 4312

**Travel:** Travel to and from the campsite will be provided by hired coaches equipped with seat belts

**Insurance:** Please note that Education Queensland does not cover costs for students injured during school activities. Parents may wish to consider obtaining private injury insurance cover.

**Student Groupings:** To promote social interaction, students will be grouped with a mix of peers from their connect class, as well as students from other connect classes. This approach encourages inclusivity and helps your child form connections with a diverse range of classmates.



- Supervision:** TGSHS teachers will accompany students during the camp. Additionally, the outdoor activities will be led by experienced specialist instructors from Camp Somerset, ensuring a safe and engaging experience.
- Equipment:** Please carefully review the attached equipment list to ensure your child is adequately prepared for the camp.
- Electronic Devices:** In line with our commitment to fostering social interactions and engagement, electronic devices, including phones and headphone/ear buds will not be allowed during the camp. Please make necessary pick-up arrangements in advance. In the event of any changes to pick-up circumstances during the camp, parents can contact the school office, and a message will be relayed to the student. Any electronic devices brought to camp will be temporarily confiscated in line with the Schools Electronic Equipment Policy. Confiscated items will be returned upon the students' return to school.  
<https://thegapshs.eq.edu.au/SupportAndResources/FormsAndDocuments/Documents/TGSHS%20Student%20Code%20of%20Conduct%20V13%20Dec%202024.pdf#search=electronic>
- Forms:** To secure your child's spot on the camp, please complete all attached forms to the school office together with payment by **Thursday 27 February 2025**. If required additional medical forms can be located on the school website or requested via email ([year7camp@thegapshs.eq.edu.au](mailto:year7camp@thegapshs.eq.edu.au)).
- Camp Consent and Medical Form
  - Camp Somerset Form
- Additional forms (if applicable to your child):**
- Asthma Action Plan, Allergy and Medical Action Plan, Consent to administer medication form
- It's important to note that attendance at the camp is contingent on the timely receipt of full payment and all completed forms.

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Payment

Information:

The total cost of the camp is **\$430** covering travel, instructor fees, equipment, accommodation and all meals. An invoice will be released to all families this week.

Payment terms are 14 days with full payment due **27 February 2025**.

Payment plans are available and can be requested via email:

[accountsreceivable@thegapshs.eq.edu.au](mailto:accountsreceivable@thegapshs.eq.edu.au)

**Please note that students will only be able to attend camp if full payment and all completed forms have been received by the due date.** If making payment by instalment, a payment plan must be approved by the school prior to the due date. Where student resource fees are overdue, the Principal has the discretion to exclude a student from camp.

Refunds:

Please be aware that, due to the need for the school to commit substantial funds to secure camp services, refunds requested after the enrolment closing date 27 February 2025 are at the principal's discretion and necessitate a medical certificate. If a refund is granted, the amount will be less the funds already committed on behalf of the student. More details can be found at [Link to Payment and Refund Policy](#).

Questions and

Contact:

If you have any questions or require further information about the camp, please feel free to reach out to either Ben Rothwell or Ivan Mort at the school contact number, 07 3511 3888, or, ideally, via email at [year7camp@thegapshs.eq.edu.au](mailto:year7camp@thegapshs.eq.edu.au).

We eagerly look forward to an enriching camp experience and welcoming our new Year 7 students to The Gap State High School. This camp marks the beginning of an incredible journey, and we are excited to share it with you and your child.

Yours faithfully



Ben Rothwell  
Head of Department, Applied Positive Psychology



Anne McLauchlan  
Executive Principal

## Camp Somerset – Suggested Packing List

- Shorts and t-shirts (no sleeveless shirts, to promote sun safety)
- Long Pants
- Jumpers and tracksuit pants (for night time)
- Raincoat
- Underwear and socks
- Swimming attire
- Two towels (1 for shower and 1 for swimming)
- Sleeping bag, Pillow and Fitted single sheet.
- Two pairs of closed toe running shoes (one pair suitable for water activities)
- Sun hat, sunscreen and sunglasses
- Head torch and spare batteries
- Toiletries (including soap) and insect repellent (non-aerosol)
- Water bottle x 2 (1L) (Minimum 2L Capacity Total)
- Day-backpack\*
- 2 x Tea towels
- 1 x Compact quick dry towel
- Cutlery, Bowl, Plate and Cup
- Large garbage bags for waterproofing (Minimum 4)

**Please ensure all items are labelled with your student's name.**

\*Please note that hiking packs will be provided for the overnight camp-out. Students can bring their camp items in one big bag on the bus.

### What NOT to bring

- Mobile phones, devices, ear phones/buds or other technology
- Valuables
- Your own food (this will help to ensure students with severe allergies are kept safe while at camp)
- Singlets and midriff tops are not sun-safe and are not permitted.



*Applied Positive Psychology*

**Year 7 Camp 2025**

**Camp Somerset - Crossdale**

**Camp 1: Monday 31 March to Wednesday 2 April**

**Camp 2: Wednesday 2 April to Friday 4 April**

**STUDENT PROGRAM CONSENT AND MEDICAL FORM (Page 1 of 4)**

*This information provided herein will be treated as confidential. It will be used to assist staff in supporting students and if necessary, responding to emergencies.*

**Privacy Statement**

*The Department of Education is collecting the personal information in this form in order to:*

- obtain consent for the named child/student to participate in the excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- update school records where necessary.

*The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant [Queensland Chief Health Officer's Directions](#).*

**Activity Description**

Y7 Camp is conducted at Camp Somerset a provider for school camp programs. The Year 7 Camp is an excellent opportunity for your child to embark on a journey of personal growth and relationship building. During this camp, students will participate in a range of adventure-based experiences, including activities like raft building, high ropes challenges and team initiatives. Students will have the chance to experience both tent camping for one night and cabin accommodations for another night. All meals will be provided, and hot showers will be available during the cabin stay, while restroom facilities will be accessible throughout the camp.

Student's Full Name			
Date of Birth		Medicare No.	
Connect Class (e.g. A)			

Emergency Contact 1 (Name)			Relationship	
Home Phone No.		Work Phone		Mobile

Emergency Contact 2 (Name)			Relationship	
Home Phone No.		Work Phone		Mobile

## STUDENT PROGRAM CONSENT FORM (Page 2 of 4)

**When was your last Tetanus Booster** \_\_\_\_\_ *(If over 10 years you are advised to arrange a booster before the camp)*

### MEDICAL HISTORY

Have you ever suffered from	YES	NO	Comments
Asthma			
- Is your management plan the standard Asthma first aid response?			No need to provide an Asthma management plan
- Is your management plan different from the standard Asthma first response?			Please provide an Asthma management Plan: <a href="https://thegapshs.eq.edu.au/extra-curricular-and-excursions">https://thegapshs.eq.edu.au/extra-curricular-and-excursions</a>
Allergies*			
Diabetes*			
Epilepsy*			
Heart Problems			
Blood Pressure			
Recent Illness/Injury/Operation			
Sleep Walking			
Migraines			
Neurodivergent			
Disabilities			
Current Infectious Diseases E.g. <i>Colds, Viruses, measles, chicken pox, Head Lice, Hepatitis A, B, C</i>			
<b>Any issues or concerns we should be aware of?</b>			

\* If you have answered **Yes** for one of these conditions, please provide an **Emergency Action Plan** if you have one.

\* For Allergies, please submit an **Anaphylaxis Action Plan** (if applicable) or **complete the Allergy Management Plan form** on the school website: <https://thegapshs.eq.edu.au/extra-curricular/camps-and-excursions>

### Other Information

Swimming Ability (circle)	Non-Swimmer	Fair	Good	Excellent
Special Dietary Needs				

**RETURN TO:** Head of APP or School Administration Office  
Faculty of Applied Positive Psychology  
Phone: 07 3511 3888 Email: [year7camp@thegapshs.eq.edu.au](mailto:year7camp@thegapshs.eq.edu.au)

## STUDENT PROGRAM CONSENT FORM (Page 3 of 4)

### MEDICATIONS

Will your child require medication whilst on camp and/or is currently taking medication?    Yes            No

**If yes, please note the following:**

- You must complete a **Consent to Administer Medication form** for each medication that will be brought to camp.
- Forms can be downloaded from - <https://thegapshs.eq.edu.au/extra-curricular/camps-and-excursions>
- Please ensure the medication is labelled with a **prescription or pharmacy label (over the counter medication) with your child's name and dosage requirements**. For security, some medications may need to be handed to the accompanying teacher before departure on Camp.

	Drug Name	Dosage	Frequency	Instructions
1				
2				
3				
4				
5				

**If you have any further details that 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.**

## STUDENT PROGRAM CONSENT FORM (Page 4 of 4)

### DECLARATION

#### Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student is injured as a result of an accident or incident while participating in the activity, 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

#### Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I will pay to the school the costs detailed in the camp letter for the child/student's participation in the activity.
- I agree to and understand the refund policy as it applies to this excursion (see Camp Letter)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer's Directions](#).
- I give consent for sharing of the child/student's medical and dietary information (provided in this form) with the camp provider, to help manage student safety while on camp.
- I acknowledge that through participation in the program activities, as organised by The Gap State High School, that in addition to usual risks inherent, certain other risks and dangers may be encountered. These may include (but are not limited to): remoteness from normal medical services; moderate physical exertion which my child may not be accustomed to; weather extremes subject to sudden unexpected change; evacuation difficulties if my child is injured or temporarily incapacitated.
- I give consent for a teacher to provide \*paracetamol to my child if required (\*please detail any allergic reactions to paracetamol on the medical form).
- My child has discussed these conditions with me, and willingly agrees to fully comply with the Student Code of Conduct and the safety standards and procedures as described by school staff and the camp provider's staff. I acknowledge that I am fully responsible for their transportation should my child be required to return to school or home from camp.

I give consent for the named child/student, \_\_\_\_\_ **<insert student's name>** to participate in the Year 7 Camp on **Monday 31 March to Wednesday 2 April or Wednesday 2 April to Friday 4 April 2025.**

Parent/Carer Full Name:			
Phone number:			
Email address:			
Signature:		Date:	



# HIGH RISK EVENT CONSENT & MEDICAL FORM

CAMP SOMERSET 1180 Stanley Pocket Rd, CROSSDALE, 4312

Ph- (07)5426 0296 Fax- (07)5426 0269 Web- www.campsomerset.org.au



<b>Group -</b>	<b>The Gap SHS</b>	<b>Is the Participant Under the Age of 18?- (if yes, Guardian 18 or over to fill in and sign form)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Location of Activity-</b>	Camp Somerset	<b>Types of Activity-</b>	<b>High Ropes, Bush Walking, Raft Building, Pool Games, Camping, Cooking, Team Building Activities</b>	
On some camps, activities may have to be cancelled or altered due to weather threats, fire bans etc. If this is the case, Camp Somerset will do its best to replace the activity with something similar. For example canoeing may be replaced with Raft building or one Highropes activity for another Highropes activity. The school will be provided with risk assessments for any new activities being run on camp.				

<b>Date(s) of Activity</b>	31/3/25 - 2/4/25 or 2/4/25 - 4/4/25	<b>Transport Supplied by-</b>	<input type="checkbox"/> Camp Somerset	<input checked="" type="checkbox"/> Private/School/Other
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**As the Parent/guardian and/or adult over 18, I give permission for the below child/myself to participate in the above activities**

<b>Participant's Full Name</b>				<b>Gender</b>			<b>Date of Birth</b>			<b>Medicare Number</b>						
				<input type="checkbox"/> Male <input type="checkbox"/> Female												
<b>Address</b>				<b>Phone</b>			<b>Medical Fund Provider</b>			<b>Medical Fund Number</b>						
<b>Medical Conditions-</b>	<b>Swimming Ability</b>			<b>Asthma</b>	<b>Diabetes</b>	<b>Epilepsy/ Fits/ Text Convulsions</b>	<b>Faint/ Dizziness</b>	<b>Hyper- activity</b>	<b>Hypo- activity</b>	<b>Heart Problems</b>	<b>Measles</b>	<b>Mumps</b>	<b>Pneu- monia</b>	<b>Tonsillitis</b>	<b>Allergy</b>	<b>Diet</b>
	<b>NO</b>	<b>FAIR</b>	<b>GOOD</b>													
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Details: eg severity, treatment, last infection-</b>	
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<b>Conditions that require special care/attention e.g. hearing, sight, ADD, ADHD?-</b>	Details-
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<b>Will the participant need to take any tablets or other medication during the course of the program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details-
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<b>Type of allergy-</b>	
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<b>* If an Epipen may be required the participant must carry it with them at all times-</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, an instruction/management sheet is advisable to be accompanied.
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<b>Dietary Requirements-</b>		<b>Has the Participant Previously Broken/Fractured any Bones-</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details-
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<b>Year of Last Tetanus Injection-</b>		
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**\* Important:** Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that staff team members do not provide medications.  
**\*\* Children MUST provide/bring their own prescription AND non-prescription medication fully labelled with medication name, child's name, strength of medication, amount of each dose and interval between doses.** Written permission is required if you wish for First Aid Coordinator/Team Leader/Team member to administer any prescription or non-prescription medication.

## EMERGENCY CONTACT DETAILS

<b>Name</b>		<b>PH Number/s</b>	
<b>Name</b>		<b>PH Number/s</b>	

**Protecting Your Privacy-** Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program. We are careful to keep your information confidential and provide it only to those agents acting on the behalf of the organisation who need it to enable them to perform their agreed activities (e.g. First Aid Officer). We will not use your

Department: Camp Somerset	Description: Form
Document Name: High Risk Event Consent & Medical Form	Issue Date: 6 May 2018
Document ID: SQC011.001.CST	Review Date: 6 May 2021

information for other purposes. You are welcome to contact our office in relation to issues regarding your personal information and for a copy of our Privacy Policy. We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances, if you don't provide us with all requested information, you could miss the opportunity to be involved in our program.

**Photo Consent**

Do you consent to appropriate use of photographs taken during the program that include you/ your child? Yes No. If you do not consent please send the Team Leader a photo of yourself/ your child for identification purposes. All photos provided will be kept strictly confidential.

**Acknowledgement**

- I/My child declare(s) that they have read the information sheet and personal equipment list for their safe participation in the named activity and will endeavour to ensure I have all the items listed.
- I/My child will participate in an information session providing safety rules and procedures and understand that there may be some risk involved. I/My child agree to be responsible for taking the time to learn safety techniques and the proper use and limitations of each piece of equipment.
- I/My child acknowledge I/My child may refuse to participate in any part of the activity I/My child feel(s) apprehensive about, (if this does not endanger my/my child or the other participants and leaders).
- I/My child agree(s) that if they suffer injury or illness, the organisers can arrange medical treatment and emergency evacuation services as the organisers deem necessary for my/their safety or well-being.
- SEQ Water Queensland Parks and Wildlife Service are indemnified against any action when permits are in placement.

By signing this form, I acknowledge that participation in the activities and the use of the facilities at Camp Somerset involves a risk of personal injury, and that by participating in any of the activities and using the facilities, I acknowledge that I am doing so freely and willingly and agree that I will abide by the directions of the staff of Camp Somerset at all times. I agree that Camp Somerset, Australasian Conference Association Limited and/or Seventh-day Adventist Church (South Queensland Conference) Limited (ACN 104 195 897) shall not be liable for any bodily injury, personal injury, loss, claim, costs or damage of any kind suffered by me whilst participating in the activity and using the facilities that was not the consequence of any act or omission of Camp Somerset, Australasian Conference Association limited and/or Seventh-day Adventist Church (South Queensland Conference) Limited (ACN 104 195 897), providing always that the liability of Camp Somerset, Australasian Conference Association Limited and/or Seventh-day Adventist Church (South Queensland Conference) Limited (ACN 104 195 897) to me is limited to the extent to which the act or omission may have contributed to the injury, loss, claim, cost or damage.

**Your Agreement With The Organisation**

I am aware, in signing this document for my/my child's participation in this program, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain risks and dangers are inherent in the activities in which I/my child will be participating. I acknowledge that while the organisation and its leaders will make every reasonable effort to minimize exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organisation, its leaders and staff. In the event of an emergency where the nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leader of any change to these details.

<b>Name of Parent/Guardian or Participant over 18:</b>	
<b>Signature of Parent/Guardian or Participant over 18:</b>	<b>Date:</b>

Department: Camp Somerset	Description: Form
Document Name: High Risk Event Consent & Medical Form	Issue Date: 6 May 2018
Document ID: SQC011.001.CST	Review Date: 6 May 2021

## **Additional Medical Forms**

There are a number of additional forms that are required if your child has certain medical conditions or is bringing medication on camp. These forms are all available on the school website at:

<https://thegapshs.eq.edu.au/extra-curricular/camps-and-excursions>

The additional medical forms are listed below.

If your child is bringing any medication (including over the counter medication such as paracetamol, ibuprofen, antihistamines) on camp you need to complete and return a:

- Consent to administer medication form (1 form for each medication)

If your child has Asthma you need to complete and return an:

- Asthma Action Plan

If your child has an anaphylactic allergy you need to complete and return an:

- Anaphylaxis Action Plan

If your child has an allergy (not anaphylactic) or another medical condition you need to complete and return an:

- Allergy or Medical Action Plan

If your child has diabetes, you need to organise a diabetes camp management plan with your diabetes specialist and organise a meeting with the school to identify your child's support needs on camp.

If you have other information that will help us to support child while on camp please send it in with your camp forms.