Queensland Academies Creative Industries Campus
Year 10 Orientation Program 2017
Kindilani Outdoor Education Centre, Redland Bay
Monday 23 January to Wednesday 25 January

4 November, 2016

Dear Parents/Caregivers,

At the beginning of each year the Academy embraces a new cohort of Year 10 students. In order to provide a unique induction experience, we invite your child to attend our three-day Academy orientation program to be held at the Kindilani Outdoor Education Centre at Redland Bay.

The program will involve all members of the Year 10 cohort and the Year 11 House Managers, who will play an important leadership role in the facilitation of the program. While many of the activities will involve an outdoor education style delivery, the focus will be on building a close community, immersing students in the QACI culture and values. Together we will also focus on a range of visioning, resilience, team building and creative endeavours, delivered in a healthy natural environment. The program will be similar to that of a traditional camp but will have a specific Academy point of difference. It is designed to ensure your child will be well prepared and supported in achieving his or her goals in 2017 and beyond.

Please note details below:

Venue: Kindilani Outdoor Education, cnr Days and German Church Roads, Redland Bay (Ph: 07 3206 7291)

Date: Depart the Academy on Monday 23 January at 9.30am and arrive back at the Academy at 2.30pm on Wednesday 25 January. (Students will need to arrive at the Academy by 8.00am on Monday 23 January and can be collected from the Academy at 2.30pm on Wednesday 25 January)

Cost: $335.00 (Payment details are included in the Fee Information Booklet).

To assist with planning procedures for the camp, the return of the information details overleaf (medical and nutritional information only) is required by Friday 25 November (payment due Monday 5 December, 2016).

If you wish to discuss this program further, please do not hesitate to contact Debbie Williamson at dwill27@eq.edu.au

We are thrilled to offer you this unique opportunity and look forward to your support of this event.

Yours faithfully,

Gavin Bryce
Principal
THINGS TO BRING

Below is a list of things you will need to bring to camp. **NOTE: No aerosol spray cans**

**Sleeping Gear**  -  Sheets, sleeping bag, pillow, pyjamas

**Toiletries**  -  Insect Repellent (Skintastic or Roll On brand), Sunscreen, Shampoo Brush/comb; Soap; Toothbrush and Toothpaste Towel; Deodorant (Roll On only!); Thongs for shower etc.

**Clothing**  -  ENOUGH FOR 3 DAYS!
- HAT – This is the first thing you must pack.
- Comfortable, sensible clothing – shorts, t-shirts, sweatshirts, jeans (please pack clothing suitable for physical and messy activities: No short shorts; No sleeveless shirts; No belly showing)
- Modest swimwear and a spare pair of runners for wearing in the lake
- 1 pair of covered walking shoes for bush activities
- Thick socks
- **One throw-away outfit suitable for wearing when painting**

**Other**  -  Tea towel
- Camera (optional – at your own risk)
- Torch
- Water bottle – 1 litre water bottle to be carried with you on all activities
- Yoga Mat if interested in early morning Yoga
- **Any decorative House themed clothing** (eg Red-Matjiin, Orange-Vivezza, Green-E’veiller)
  (NO Feathers!)
### QUEENSLAND ACADEMY FOR CREATIVE INDUSTRIES

**Medical History / Authority**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Birth:</th>
<th>Year Level:</th>
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<tbody>
<tr>
<td>Home Address:</td>
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1. **Immunisations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Last Injection Date:</th>
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<tbody>
<tr>
<td>Tetanus</td>
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</tr>
<tr>
<td>Hepatitis A</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Hepatitis B</td>
<td>Yes</td>
<td>No</td>
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2. **Conditions** Yes / No (if yes complete details)

<table>
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<tr>
<th>Medical Details</th>
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<tr>
<td>Asthma</td>
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<tr>
<td>Diabetes</td>
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<td>ADHD</td>
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<td>Other</td>
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3. **Allergies** Yes / No

<table>
<thead>
<tr>
<th>To What</th>
<th>Reaction / Treatment Details</th>
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4. **Current Injury / Condition** which may be affected by the excursion/camp/activities

Yes / No

Details


5. Medical Insurance Details

Medicare Number: ___________________ Name on Card: ___________________

Private Health Insurance Details: ____________________________

6. Emergency Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
<th>Business Phone</th>
<th>Mobile</th>
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7. Administration of Paracetamol
Do you give permission for your son/daughter to be administered with this medication, in strict accordance with manufacturer’s instructions and recommendations, by the supervising teacher if required?

YES     NO

8. Medical Authorisation
I authorise the teacher to obtain medical assistance if deemed necessary, should an accident occur or an illness befall the above student, and agree to pay all medical / pharmaceutical costs incurred on their behalf, noting the school’s subscription to the ambulance.

YES     NO

9. Dietary Requirements
Please list any special dietary requirements or food allergies the above student may have.

______________________________________________

10. Permission to swim
I give permission for my child to swim in the lake (while building a raft and participating in canoeing activities).

YES     NO

Parent/Guardian Signature: ____________________________ Date: ________________