

16 September 2025

YEAR 7 CAMP 2026

Dear Parent / Carer

For 2026, our school has made a reservation at Runaway Bay Sport and Leadership Excellence Centre from **Monday 23 February to Friday 27 February**, for the purpose of conducting our annual Year 7 Orientation Camp.

For students in 7A - 7F, the camp will run from Monday – Wednesday. For students in 7G – 7M, the camp will run from Wednesday to Friday.

Runaway Bay Sport and Leadership Excellence Centre is a multi-purpose venue that caters for diverse groups ranging from school groups in primary and secondary settings through to athletes and performers preparing for prestigious international events.

As this camp takes place in the fifth week of Term 1, we would like to advise parents now to enable necessary planning on both your and our behalf to begin.

The proposed program includes diverse activities such as, SUPing, surf safety, beach activities and naturally a range of team building, initiative challenges and leadership activities. Members of staff attending the camp are suitably qualified, many of them having previously been on our orientation camps and they will work with our Year 7 students alongside the staff from the Excellence Centre. **Teachers are very enthusiastic about the potential it offers for your child's personal development, student-teacher interaction, relationships with older students who will be Camp Leaders, as well as the assistance it provides in the student's transition from primary to high school.** This is particularly important at this early stage of your child's secondary education.

We can promise you that your son/daughter will have a rewarding, interesting, adventurous and somewhat exhausting 3 days.

Before payment for the 2026 Camp is accepted you are required to have already submitted a signed Student Resource Scheme Participation Agreement form together with either:

- full payment of the Student Resource Scheme (SRS), **OR**
- \$150 first instalment in addition to:
 - a signed school pay off agreement stipulating regular repayments (eg. Centrepay deduction, debit/credit card, bank transfer, QParents)

**ADDITIONALLY, FULL PAYMENT FOR CAMP IS TO BE RECEIVED
NO LATER THAN
9.00am Monday 2 FEBRUARY 2026**

Details of the Camp:

- For 7A - 7F, it is anticipated that students will be required to arrive at school at **8:00am** on Monday 23 February for an 8:30am departure, and return at 3.35pm on Wednesday 25 February.
- For 7G – 7M, it is anticipated that students will be required to arrive at school at **7:00am** on Wednesday 25 February for an 7:30am departure, and return at 3.45pm on Friday 27 February.
- Students are required to attend school as per normal for the remaining days of the school week.
- The **total cost** (including all accommodation, transport, equipment hire, personnel hire for various specialist pursuits (to meet Workplace Health and Safety requirements), and all meals is **\$345.00**. As there is no canteen, no spending money is required!
- **Full payment for the camp secures your place.** Refunds are not issued after February 4 as bookings for transport, venues and activities will have been based on a specific number of students.
- **FULL PAYMENT TO BE RECEIVED by 9.00am Monday 2 FEBRUARY 2026** (all payments at CHSHS are made at the school Textbook Office which is located under B Block, next to the Canteen).
- **Please note that should we reach the capacity of the camp facility, positions will be provided on a first-in-first serve basis. As such, it is in your best interest to submit forms and payment before the deadline above.**
- Method of payment - Cash, Credit/Debit Card, EFT, Internet Banking
- **The attached consent forms are to be returned fully completed at time of payment.**
- Details with regard to camp requirements (e.g. clothing and equipment) can be found in the attached Equipment List
- As the activities at the camp require students to demonstrate a high degree of motivation and self-discipline, we are not in the position to allow students who clearly demonstrate a record of non-cooperation or disruptive behaviour in the early part of the school year to attend. If there have been ongoing concerns about unsafe behaviour in the student's primary school experience, this also may be considered.
- If you would like to obtain additional information in regard to any aspect of the camp, please feel free to contact us on 46367500.

Yours sincerely

Peter Sykes
Camp Co-ordinator

Tara Lester
Camp Co-ordinator

The contents of this letter have been endorsed and approved by:

Dan Lindenmayer
Principal

Medication

All medication required to be administered at camp is to be:

- Labelled with an official medication label



- Placed in a container or snap-lock bag clearly labelled with student name
- Provided with the appropriate directions
 - Times, dosages etc.
- Submitted to, designated staff on the day of departure, prior to boarding buses. There will be a designated “**Medication Station**” for this to occur, on the Tennis Courts
- Containers/snap-lock bags will be returned directly to students at the end of the camp. As such, it is recommended that, where possible, correct dosages of medication are supplied.

SAFETY

Strict safety procedures for each activity have been developed. These are explained to the students on arrival at the Centre and again before each activity is undertaken. Trained and qualified staff supervise all activities. Personal Flotation Devices / Buoyancy Vests must be worn for all relevant water based activities. Our teaching staff are required to attain and update a wide variety of accreditation including:

- * Senior First Aid Certificate
- * Resuscitation Certificate
- * Canoeing Instructors Certificate
- * Child Protection Training
- * Archery Training
- * Pool Lifeguards

PARENT / STUDENT CONTACT

Camp evaluation data compiled over the years shows students overwhelmingly enjoy camp. Despite this, homesickness is a recurring issue and is generally complicated by contact with home. **Promoting student independence is a major goal of our programs. However, if necessary, parents may contact the Camp School Office between 8.30am and 4.30pm. Emergency calls after these hours will be diverted to an “on call” administration staff member.** If a student needs medical assistance for any illness or injury, parents will be contacted. There will be occasions when sensitive welfare issues will occur. In all cases parents will be contacted. Parents can be assured that minor health and welfare incidents are managed sensitively by our staff.

The school contact details are:

Address - Corner Sports Drive and Morala Ave Runaway Bay Phone - 5500 9988 Fax - 5500 9989
Website: www.runawaybaysportlec.eq.edu.au

Please write return address clearly on the back of all correspondence.

SECURITY AND NIGHT PROCEDURES

During the night our Welfare Officer patrols the grounds and cabin areas from 9.30pm through to 7.00am. The visiting school teachers supervise the students whilst in their cabins and during recreation time. Throughout the night all cabin doors are locked only from the outside, allowing students to exit easily in the event of an emergency. The visiting school teachers and the welfare officer will assist the children or manage any emergency that arises. A staff member from camp administration is on 24-hour call to assist with any problems. Visiting staff will conduct a head count in each cabin during which sleepwalkers are checked and any potential bed wetters are discreetly directed to the toilet to minimise any accidents or embarrassment. If your child does sleep walk or wet the bed your help in telling students to choose a bottom bunk would be appreciated.

Excursion consent form - Year 7 Camp 2026

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 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 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 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 children/students.
- I give consent for the named **child/student** (listed below), to participate in the identified excursion.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion costs).
- 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 understand that if this activity is extra-curricular (sport, musical, debating etc) my child will not be able to participate if the Student Resource Scheme fees are not paid in full or a Pay by Instalment Plan is not in place and being honoured in line with the conditions of the agreement.

Student Name	PCG	
Parent/Carer/ *Student (see below)	Name:	
	Phone number:	
	Email address:	
	Signature:	Date:
Emergency contact information for this excursion	Name:	
	Phone number/s:	

*Students that are independent or over 18 years of age may provide their own consent and be responsible for all related costs.

COST OF EXCURSION: **\$345.00**

TEACHER: **Mr Sykes/Miss Lester**

METHOD OF PAYMENT:

- ☐ Cash / Eftpos
- ☐ Internet Banking – direct deposit into school bank account – BSB **064-433** A/c No: **00094127** Ref: students name
- ☐ Credit/Debit card - I hereby authorise Centenary Heights State High School to debit my card:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EXPIRY: ____/____	AMOUNT \$ ____
CARDHOLDERS NAME (as it appears on the card):			CARDHOLDERS SIGNATURE			



STUDENT MEDICAL CONSENT FORM

Please note that ALL questions on this form MUST be completed

1. Student Details:

First Name		Surname		PCG	
-------------------	--	----------------	--	------------	--

Date of Birth		Gender	Male / Female
----------------------	--	---------------	----------------------

2. Parent / Guardian Contact Details:

Name			
Home Address			
Phone Number		Alternate Phone Number	

3. Secondary Emergency Contact Details:

Secondary Emergency Contact			
Description: (i.e. Aunty / Grandparent)			
Phone No.		Alternate Phone No.	
(Secondary Emergency Contact Details MUST be provided)			

4. Detailed Dietary Requirements

Table for food allergies and intolerances (not dislikes):

Nuts	Wheat and gluten	Dairy	Egg	Soy	Crustacea and Molluscs	Fish	Sesame	Lupins	Sulphites	Other (please specify)

PLEASE ADVISE ANY ANAPHYLACTIC ALLERGIES:

Table for special diets:

Vegetarian	Vegan	Halal	Other (please specify)

☐ I understand that **all menu items** (including those which have been specially prepared for guests with allergies or intolerances) **"may contain"** traces of Allergenic Ingredients due to food being processed on equipment and in an environment where all food types are produced.

*****Please note: If the presence of trace allergens is at all a concern, guests will need to bring their own food*****

*If a guest fails to advise us of their dietary requirements prior to arrival, we cannot guarantee that a specially prepared meal will be available.

*Guests with food allergies/intolerances will communicate with the chef at the start of each meal service (in conjunction with the teachers).

5. Student Medical Details - Please Circle YES or NO to ALL of the Following Questions


If YES is Circled, please provide as much detail as possible (details of condition, medication and dosages, medication administration times etc.) **As noted, some conditions require the completion of an 'additional information sheet' available from the school – If required, please contact camp co-ordinator Peter Sykes 4636 7565**

Condition	Yes / No	Details
Diabetes	Yes / No	Please complete Additional Information Sheet
Epilepsy	Yes / No	Please complete Additional Information Sheet
Special Learning Needs (ADHD, ASD etc.)	Yes / No	Please complete Additional Information Sheet
Severe Allergy - Epipen	Yes / No	Please complete Additional Information Sheet
Physical Disabilities	Yes / No	Please complete Additional Information Sheet
Phobias	Yes / No	
Medical Allergies (e.g. Penicillin, Analgesics)	Yes / No	
Heart Conditions	Yes / No	
Recent Operations or Injuries	Yes / No	
Asthma / Other Respiratory Problems	Yes / No	
Sinus &/or Hay Fever Please Circle	Yes / No	
Sleep Walking	Yes / No	
Bed Wetting	Yes / No	
Has your child has an infectious disease recently?	Yes / No	
Immunised for Measles, Chicken Pox etc.	Yes / No	
Tetanus Booster	Yes / No	Last Given: _____ Year _____
Any other relevant Information		

6. Media Clearance

<p>We aim to capture and share parts of our student's camp journey on Facebook. Find us at 'Runaway Bay Sport and Leadership Excellence Centre'</p> <p>I give permission for photos to be taken of my student for the purpose of sharing to social media</p>	Yes / No
--	----------

7. Health Provider Details

Medical Practice			
General Practitioner's Name		Contact No.	
	1. Medicare No.		
	2. Number of Person on card		
	3. Medicare Expiry Date		

Do you have Private Medical Cover? (MBF etc.)	Yes / No	Provider / Membership Number
Do you have any Pension Concessions?	Yes / No	Details

8. Disclaimers and Signatures

In case of a medical emergency, every effort will be made to notify carers. In the rare event instance that contact cannot be made, please give authorisation for Qualified Practitioners to administer:	
ANAESTHETIC	Yes / No
BLOOD TRANSFUSION	Yes / No
I give permission for school staff to administer one dose of PARACETAMOL as required should my child be suffering from a headache or any mild discomfort	Yes / No
<p><i>The Queensland Department of Education requires Risk Assessments to be conducted on all curriculum areas that contain potential hazards. At RBSLEC, specific activities (Stand Up Paddle Boarding, Raft Building, Archery, Swimming/Pool Games, Weight based training & Triathlon) are deemed 'high risk', while Kayaking is classified as an 'extreme risk' activity. To minimise these potential risks, RBSLEC implements strict safety procedures in accordance with the Department's health and safety guidelines. RBSLEC prides itself on its impeccable safety record with all sessions being facilitated by trained and qualified staff.</i></p> <p><i>I (Name).....give permission for my child to participate in adventure-based activities that are considered high or extreme risk by the Department of Education. I understand that at times this may include vehicle transportation to and from learning sites. I hereby authorise the Principal, or their representatives, to obtain such medical attention as may be deemed necessary. I acknowledge that the Department of Education does not have 'Personal Accident Insurance Cover' for children/students and I understand that all costs associated with any injury, including medical costs are the responsibility of the parent/carer.</i></p>	
SIGNATURE REQUIRED (Parent / Guardian) _____	Date: _____

Excursion consent form - Year 7 Camp

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 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 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 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 children/students.
- I give consent for the named **child/student** (listed below), to participate in the identified excursion.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion costs).
- 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 understand that if this activity is extra-curricular (sport, musical, debating etc) my child will not be able to participate if the Student Resource Scheme fees are not paid in full or a Pay by Instalment Plan is not in place and being honoured in line with the conditions of the agreement.

Student Name			PCG
Parent/Carer/ *Student (see below)	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for this excursion	Name:		
	Phone number/s:		

*Students that are independent or over 18 years of age may provide their own consent and be responsible for all related costs.

COST OF EXCURSION: **\$340.00**

TEACHER: **Mr Sykes/Miss Lester**

METHOD OF PAYMENT:

- ☐ Cash / Eftpos
- ☐ Internet Banking – direct deposit into school bank account – BSB **064-433** A/c No: **00094127** Ref: students name
- ☐ Credit/Debit card - I hereby authorise Centenary Heights State High School to debit my card:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

EXPIRY: ____/____ AMOUNT \$ _____

CARDHOLDERS NAME

(as it appears on the card): _____

CARDHOLDERS

SIGNATURE _____