

PGL Kindilan Adventure Camp

YEARS 7 AND 8

24–26 March 2025

All BrisbaneSDE Years 7 and 8 students are invited!

- Meet at BrisbaneSDE Café by 9.00 am Monday 24 March
- Bus will return to BrisbaneSDE at 1.00 pm Wednesday 26 March
- Cost \$363.00: Includes travel, accommodation, activities and meals
- Take a look at the camp website:
<https://www.pgladventurecamps.com.au/kindilan/>

Activities include:

- Canoeing
- Team building and initiatives
- Bush walking and activities
- Raft building

For enquiries, please contact Rose on school_camps@brisbanesde.eq.edu.au.

Phones
away
for the day

OFF



How to submit your application for camp

Please complete the form and return **all pages** by email to: school_camps@brisbanesde.eq.edu.au

Consent and medical details form, including:

1.	Student activity consent form details
2.	Consent details
3.	Student medical details
4.	Consent to use student image, recording, name or personal information details
5.	Consent to administer medication details

Payment

6.	<p>Please make payment via the Qkr! App by Monday 10 March 2025. The school will receive an automated notification email from Qkr! once payment has been made.</p> <p>Information about Qkr! is available at Introducing - Qkr! on the BrisbaneSDE website.</p>
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BrisbaneSDE student expectations

BrisbaneSDE student expectations outline presentation and conduct requirements to be adhered to by students when engaging in onsite and offsite school activities.

Attire

Footwear	Closed-in shoes are required for all school activities.
Hats	Students must wear a sun safe hat for any outside activity in accordance with the Department of Education Sun Safety Policy.
Sunglasses	These may be worn during outdoor activities.
Jewellery	Absolute minimum of jewellery can be worn when attending BrisbaneSDE sponsored events.
Sunscreen	Broad spectrum 30+ sunscreen for any outdoor activities.
Water activities	Swim shirts to be worn for additional sun protection for any water based activities.
Workplace, Health and Safety	Students must comply with Workplace, Health and Safety regulations and dress appropriately for the activities and location of the event. If in doubt, please ask BrisbaneSDE staff for assistance.
Inappropriate attire	Thongs, scuffs, caps, visors, etc.
School leaders attire	School leaders representing BrisbaneSDE, in the community or at a nominated school event, are encouraged to wear school t-shirts. These are available for purchase through the school.

Devices

Phones and electronic devices 	<p>In accordance with the state-wide Away for the Day policy, as outlined in the Student Code of Conduct, students will need to keep their mobile phones and wearable devices (mobile phones, smartwatches, handheld devices and other emerging technologies which have the ability to connect to telecommunication networks or the internet) switched off and out of sight during excursions, incursions and other school activities such as camp and connect/sports days.</p>
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Understanding of student expectations

Parents/Students are aware of BrisbaneSDE requirements for both Attire and Devices.



Student activity consent form

Student name	Year level	Date of birth
Activity name	Activity date	
Years 7 and 8 — PGL Kindilan Adventure Camp	24–26 March 2025	

Dear Parent/Carer,

Please find attached the Consent form and Medical details form for the Years 7–8 School Camp to be held at PGL Kindilan Adventure Camp, Monday to Wednesday, 24–26 March 2025.

If you would like for your child to attend camp, please complete the forms as listed, and return **all** pages to: school_camps@brisbanesde.eq.edu.au.

Full payment must be received by **Monday 10 March 2025** for applications to be accepted.

Minimum and maximum numbers apply for the camp to go ahead. To ensure your student's place at camp please return the forms and payment as soon as possible.

Important note: Students with work outstanding for any current enrolled subjects, or who have unacceptable attendance or behaviour (as determined by the Head of School), will not be eligible to attend.

Yours sincerely,

Hamish Pike

Head of Department HPE

Camp details

Timetable	Departure	9.00 am Monday 24 March: Meet at BrisbaneSDE Café for a 9.30 am departure
	Return	1.00 pm Wednesday 26 March: Return to BrisbaneSDE.
Location	PGL Kindilan Adventure Camp, corner Days and German Church Road, Redland Bay	
Travel arrangements	Bus travel	To and from camp (no discount for own transport)
	Independent travel	<ul style="list-style-type: none">If your student is being dropped off to camp, please arrive at 10.30 am.If your student is being collected from camp, please arrive by 12.00 noon.
Cost	\$363.00	Travel, accommodation, activities and meals
Any other details	Further information will be forwarded upon registration.	

Frequently asked questions

Where will I be sleeping?	<ul style="list-style-type: none"> • Rooms are bunk style and sleep four (to twelve) depending on our group's composition based on numbers and gender splits. We will know exactly which cabins a few weeks before camp. • Bedding: Fitted sheet provided. Students will need to bring their own doona/sleeping bag and pillow. • Bathrooms are very close to cabins. • Teacher rooms are amongst student accommodation.
What will we be eating?	<ul style="list-style-type: none"> • Delicious, nourishing and appetising food for all. • Breakfast, lunch and dinner are served buffet style. Salad bars are provided at lunch and dinner. • Fresh fruit available at all times. • Please do not bring any food to camp or store any food in your bag or cabin. • Any food challenges students face should be discussed with the camp co-ordinator well in advance.
What activities will we be doing?	<ul style="list-style-type: none"> • Canoeing* • Raft building* • Activities may change depending on weather and other unforeseen circumstances. • *Wet shoes, sun safe shirts and hats essential! • *Comfortable longer legged shorts and walking shoes recommended. • Bushwalking and bushcraft • Crate stack • Low ropes • Flying fox
What if I don't want to do an activity?	<ul style="list-style-type: none"> • Students are encouraged to participate in all activities. Students must attend all activities even if not participating. Staying back at camp or in their cabin is not an option. • If a student is unwell, a teacher will contact the parent and remain at camp base with them for parent to collect.
What about my daily medication?	<ul style="list-style-type: none"> • Medical forms must be completed. • Consent to administer form: Section A (green) for any routine, generally prescribed medication. • Consent to administer form: Section A (green) and Section B (yellow) for self-administered medications such as inhalers, adrenaline auto-injectors, blood sugar. • Routine medication is to be handed to the first aid staff member on arrival. Please note having blister packs assists staff enormously.
What if I have a headache and need paracetamol?	<ul style="list-style-type: none"> • We can only administer paracetamol and over the counter medications if you have completed a green form and indicated on section (d) 'as needed'. • A phone call between a teacher and parent/carer is not considered permission.
Can I bring my mobile phone on camp?	<ul style="list-style-type: none"> • No mobile phones or electronic devices to be brought on camp. • Please do not send your child to camp with a phone so you can contact each other privately. • Camp leaders will have school mobile phones on them at all times. Students and parents can communicate on these phones only. • All phone calls must come through the school leaders. • Mobile coverage may be poor based on our location. It may be easier for you to text message the school phone and the teacher will phone you back. • School mobile phone numbers will be given to you prior to camp.
How do we get there?	<ul style="list-style-type: none"> • Meet at BrisbaneSDE café by 9 am on Monday 18 March to join us on the bus to camp.
What about coming home?	<ul style="list-style-type: none"> • Bus will return to BrisbaneSDE by 1 pm Wednesday 20 March.
What if I have my own transport?	<ul style="list-style-type: none"> • If you are making your own way to camp, please arrive no later than 10.30 am on Monday 18 March. • If being collected from camp, please arrive no later than 12 noon on Wednesday 20 March. • There is no discount if using own transport.



Consent

Student name

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent.

I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education does not have personal accident insurance cover for students.

I give consent for my child, (print child's name) in

Year (insert year level details), to participate in the activity detailed above.

I will pay to the school the costs for my child to participate in the activity (if applicable).

I give consent for my child to be photographed and filmed whilst participating in the activity (provide details and limitations on the **Consent to use student image, recording, name or personal information** of this form).

In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.

I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.

I accept liability for all costs incurred by the Department of Education in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education the full amount of any costs incurred on my child's behalf.

Parent / Carer name

Address

Postcode

Phone

Email

Parent / Carer signature

Date



Student medical details

Student name

The following information will assist in making sure students receive appropriate medical attention if the need arises.

Tetanus Booster	Yes	No	Details of any current medication
	Year received		
Asthma	Yes	No	
Diabetes	Yes	No	Any additional information, e.g. special dietary requirements
Epilepsy	Yes	No	
Allergies	Yes	No	
Phobias	Yes	No	

Additional medical information

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

You may also wish to provide the following information*

Name of child's medical practitioner	Phone	
Medicare number	Private Health Insurance Company (if applicable)	Membership number

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

*If you require OneSchool records to be amended, please send these details to the Enrolments Team: enrolments@brisbanesde.eq.edu.au.

Privacy Notice

The Department of Education (DoE) is collecting the personal information requested in this form in order to:

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

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DoE permission for the information to be disclosed.

Activity Risks and Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, 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 you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.



Consent to use student image, recording, name or personal information

Student name

Please complete the following information as way of consent to use, record or disclose your child's copyright material, image, recording, name or personal information whilst participating in the activity.

I give consent to the use of the following information in relation to my child's name:

Full name First name only No name Other

I give consent to the use of the following materials and images of my child:

Photography/Image Sound recording Film/Video Copyright materials

Note: Image or recording includes photographs, videos and film or sound recordings of the individual.

Copyright materials includes work created by the individual e.g. artistic, written, musical, performance, photography, designs.

I give consent to this use (as indicated above) for the following:

Website Facebook Newsletter/Magazine Other

Website: www.brisbanesde.eq.edu.au

Facebook: www.facebook.com/BrisbaneSchoolofDistanceEducation

I give limited consent in the following way:

I do **not** give consent to use my child's image, recording, name or personal information.

Note: if you decide not to provide consent, this will not adversely affect academic achievement, participation in the activity or any relationships with teachers at the school.

What is this consent for?

This consent form authorises the Brisbane School of Distance Education to use the individual's personal information and copyright material, together with information about the individual's participation in the activity for the purposes as indicated above. The consent covers the entire or partial use of the individual's personal information and copyright materials in conjunction with other words and images. For example, the individual's personal information and copyright material may appear in school newsletter, magazine and website (including Facebook). This consent is for the individual named above and is for use in relation to this activity only.

Parent / Carer name

Parent / Carer signature

Date

Note: More comprehensive information and/or a full copy of this form can be found on our website: [Publishing consent](#).

PGL Packing Guide

Our top 20 essentials to pack for a PGL camp

You'll have more fun if well prepared!

1.

NIGHTWEAR & UNDIES

Don't forget that for some activities you'll need socks that cover your ankles. Yes, really!

2.

TOWELS

One for the shower and one for drying off after water activities.

3.

PANTS / LEGGINGS FOR ACTIVITIES

At least 3 pairs but NOT jeans - if you get wet they are really uncomfortable and they take forever to dry.

4.

SHORTS

At least 2 pairs that come to the knee, which is essential when wearing a harness - although you might not need these in the winter

5.

RUNNERS FOR ACTIVITIES

They don't need to be anything special.



6.

RUNNERS FOR WATERSPORTS

They'll probably get wet, so old ones are best.

7.

SHOES FOR INDOORS & EVENINGS

The shoes you wear for activities may get muddy so bring another pair for the evenings/indoors if you can.

9.

LONG SLEEVED T-SHIRTS/TOPS

Some activities require arms to be covered.



8.

FLEECES/ SWEATSHIRTS

It's not cool to be cold! Bring layers - even in the summer the evenings can be chilly.

10.

T-SHIRTS/TOPS

Old ones are fine.

11.

WATERPROOF JACKET/WARM COAT

It's usually a few degrees cooler at camp than it is in the city and yes, you will still be doing activities even if it rains.

12.

EVENING CLOTHES

You might get dirty doing activities so you'll need one or two sets of clothes for the evenings.

13.

A HAT

Keep the sun off or the heat in! Depending on the time of year, you'll need either a sun hat or a warm hat for the winter.

14.

BATHERS FOR WATERSPORTS ACTIVITIES

Don't forget these if you're going to be taking part in water sports!

15.

SLEEPING BAG/ DOONA & PILLOW

Check that this hasn't been included as part of your booking.

16.

TORCH

Shhh...if you need something in the middle of the night, you need to be able to see what you're doing without waking everyone up!



17.

PLASTIC BAGS FOR WET CLOTHES

Lake water doesn't smell good after a couple of days so make sure you can keep your wet stuff separate!

18.

SMALL BAG / DAY PACK

You'll need to take dry clothes to change into after some activities.

20.

TOOTHBRUSH, TOILETRIES AND THINGS FOR SHOWERING

Soap, shower gel, toothpaste etc. Don't forget sunscreen is essential in summer.

19.

REFILLABLE WATER BOTTLE

Be well hydrated! PGL camps have plenty of places where you can refill a water bottle.



Consent to administer medication

PLEASE NOTE:

For medication to be administered at school or during school-related activities, there must be medical authorisation for the student to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

- a pharmacy label with both the student's and doctor's name on it;
- a signed letter from a doctor;
- a medication order from a dentist;
- an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

Health condition/ reason for medication	Example of medication	Documentation completed by doctor or other prescribing health practitioner
Asthma	Asthma puffer	<i>Asthma action plan</i>
Anaphylaxis	EpiPen	<i>ASCIA Anaphylaxis Action Plan</i>
Diabetes	Insulin injection, insulin pump	Department of Education <i>Medication order to administer 'as-needed' medication at school</i> or medication order or <i>diabetes management plan</i> or other written instructions from prescribing health practitioner
Other types of emergency medication e.g. for seizures	Midazolam	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Medication required 'as needed' for minor or non-emergency symptoms	Ointment for skin allergies, antihistamines	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Changes to dosage (e.g. from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner (e.g. doctor)

1. To request that the school administer medication to a student

- 1) Complete Section A (page 2).
- 2) Provide the school with the medication in the original container with intact packaging.
- 3) Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
- 4) Make an appointment with the principal/delegate if:
 - the student requires medication as an emergency response;
 - you would like the student to self-administer their medication;
 - the student has complex health support needs or requires other support strategies; or
 - you have any concerns about the student's health which may affect their schooling.

2. To request a student self-administer their medication

- 1) Complete Section A (page 2) and Section B (page 3).

Consent to administer medication

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

Section A: Complete the details below:

NOTE: This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication.

Student name		Date of birth	
Parent/carer name		Phone number	

- I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities.
- I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student.

Name of medication	
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I confirm that the medication provided to the school (as listed above):

- ☐ is medically authorised (e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)
- ☐ is in the original dispensed container with intact packaging
- ☐ has the student's and doctor's names on the pharmacy label (if there is no other written evidence of medical authorisation)
- ☐ is current/in-date (The expiry date of the medication is).

The medication is required:		If Yes to any questions, complete the following:
(a) routinely (e.g. 11am every day)	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Administer at on the following days: (select the day/s required) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
(b) for a short time only (e.g. only for 2 weeks)	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Start date: End date:
(c) to manage a health condition by following a current action plan or health plan	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Is the medication for: <input type="checkbox"/> asthma <input type="checkbox"/> anaphylaxis <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy <input type="checkbox"/> cystic fibrosis <input type="checkbox"/> other (describe)
(d) 'as needed' to treat minor or non-emergency symptoms	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	<input type="checkbox"/> I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information.

Has this student previously shown any side effects after taking this medication? **Yes** ☐ **No** ☐

If **Yes**, describe:

Parent/carer/student signature		Date	
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If the student is to self-administer this medication, also complete **Section B**

NOTE: Controlled drugs cannot be self-administered.

Section B: Details for student self-administration of medication:

In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.

Student name		Date of birth	
<ul style="list-style-type: none"> I confirm that the student is confident, competent and can safely administer the right dose of their own medication at the right times. I confirm that the student can store their medication securely. I authorise school staff to contact the prescribing health practitioner, health team or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication by this student. 			
Health condition			
<input type="checkbox"/> Asthma - secondary school students only	<input type="checkbox"/> I approve for the student to self-administer their asthma medication. NOTE: The school will need a copy of the student's <i>Asthma Action Plan</i> if it varies from the standard asthma first aid response		
Health condition	I seek approval from the principal/delegate for the student to self-administer:		
<input type="checkbox"/> Asthma	<input type="checkbox"/> their asthma medication (<i>following a current action plan/health plan</i>)		
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> their adrenaline auto-injector (<i>following a current action plan/health plan</i>)		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> their medication (<i>following a current health plan</i>)		
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> their medication (<i>following a current health plan</i>)		
<input type="checkbox"/> Other	<input type="checkbox"/> their medication (<i>following a current health plan</i>)		
Parent/carers/student signature		Date	