



WHANGANUI INTERMEDIATE SCHOOL

Ki Te Taumata

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www.wi.school.nz

Dear Whanau

We are excited to give you information about our school camp 2021 which will be held at Vertical Horizons in Inglewood in the month of May. The goals for this camp are:

- **MANAAKITANGA:** Understanding and accepting our own and others' responsibilities for effective group functioning by being respectful, kind and empathetic.
- **WHĀNAUNGATANGA:** To further develop interpersonal skills, leadership skills and establish relational trust with peers and teachers.
- **AKO:** Develop resilience by accepting challenges and new learning.

Location of the Camp: Vertical Horizons

558 Everett Road, RD8

Inglewood, Taranaki

Ph: (06) 756 8770

Dates of Camp:

Harakeke Cluster (Rooms 10,11,12,13, 22 and 30)

Monday 10 May-Wednesday 12 May 2021

Cluster Leader: Ashlee Webb and Troy Smith

webba@wi.school.nz and smitht@wi.school.nz

Kahikatea Cluster (Rooms 5,6,7,8,9 and 27)

Wednesday 12 May-Friday 14 May 2021

Cluster Leader: Becky Clark

clarkb@wi.school.nz

Tawa Cluster (Rooms 1,2,3,4,23 and 25)

Monday 17 May-Wednesday 19 May 2021

Cluster Leader: Tracey Dent

dentt@wi.school.nz

Rata Cluster (Rooms 14,15,16,17, 18 and 21)

Wednesday 19 May-Friday 21 May 2021

Cluster Leader: Trina Roy

royt@wi.school.nz



MANAAKITANGA



AKO



WHĀNAUNGATANGA

Cost of Camp: \$150 per child to cover overnight accommodation and transport fees.

Payment needs to be made by Wednesday 5 May 2021.

Bank account details: 12-3163-0174113-00

Particulars: Student's Name
Reference: Student's Home room Number
Code: Camp

We would like every student to have the opportunity to go to camp and have tried to remove as many barriers as possible to enable this goal to become a reality.

We do require a number of parents/whanau to support each cluster on camp. If you are interested in offering your assistance please contact your child's cluster leader on the email address above. If we have a large number of parents who would like to be part of our school camp we may need to run a ballot system. All transport, accommodation and meals will be covered by the school. Please note that if you are successful you will need to complete a Volunteer Assistant Agreement and also be Police Vetted.

Please complete the attached forms and return them to your child's homeroom teacher by Friday 9 April 2021.

We are looking forward to seeing every child enjoying camp this year and thank you in advance for your support to make this happen.



Nicki Hennessy
Deputy Principal

Attached: Activity List
EOTC Parental Consent
Health Profile
Parent Camp Information



PARENT INFORMATION

24/7 ADVENTURE CAMPS



ABOUT 24/7 ADVENTURE CAMPS

This school programme offers extensive activities that provide great challenges and learning opportunities. Children are involved in a carefully planned activity schedule that promotes fun, teamwork, challenge and excitement.

Our 24/7 adventure camps allow the opportunity for everyone to be involved. We have a challenge by choice approach to participation. That doesn't mean we won't encourage, it simply means that they achieve at their level.

ABOUT OUR ACCOMMODATION

Vertical Horizon is based 10 km from Inglewood and situated directly opposite the popular Everett Park Scenic Reserve.

Two separate lodges and 3 chalets offer distinct areas for boys and girls. We have a large hall on site for indoor activities and our on-site cook will ensure your child's nutritional needs are met.

**ALL DAY FUN
AND ADVENTURE !**

AGE
7 - 13

Instructed Activities-Run by Trained Camp Instructors

- Kayaking (Flat Water)
 - Archery
 - Air Rifles
 - Zip Line
 - High Ropes
 - Wide Games
 - Line Dancing
 - Water/Mud Run
- Junior Ropes Course:**
- Junior Multivine, Catwalk, Flying Kiwi,
 - Jacobs Ladder, Climbing Wall
- Senior Ropes Course**
- Jellyfish, Senior Multivine, Ricketty bridge, Milk Crate Stacking
 - Vertical Playpen, Climbing Wall, Leap Of Faith

Parent Supervision Activities

- Raft Building
- Orienteering
- River Walk
- Stretcher Races
- Videos
- Campfire
- Spotlight
- Blind Trail
- Sports
- NZ Bush Nature Study
- Team Initiatives
- Grass Karts
- Key Native Ecosystem Trapping Trail

ABOUT SUPERVISION AND INSTRUCTION

During the day students move from one activity to the next. At each activity station there is an instructor.

To ensure each group safety makes it to each activity, we insist that they be accompanied by an adult supervisor (provided by the school).

At no stage will instructor to child ratios exceed 1:12. More than often supervision ratios will be 1:5 as 2 parents accompany each group.

Our instructors are all equipped with radio communication devices, first aid kits, and relevant safety equipment.

During the evenings, individual schools are responsible for their students well-being unless Vertical Horizon staff are facilitating an evening programme.



- Morning tea and cut lunch required for the first day.
- We would like each child to bring some home baking or bought biscuits suitable for sharing for our morning and afternoon teas. This will be handed in on the morning we leave for camp.

REQUIRED GEAR

- Sleeping Bag
- Pillow
- Pyjamas
- Underwear
- Towels
- Toiletries - Toothbrush, Toothpaste and Soap
- Warm Clothes - Fleece Jackets / Woollen Jerseys, Long Trousers, Thermals / Polypropylene, Beanie
- Raincoat - Waterproof
- Socks
- Shorts
- T-Shirts
- Old clothes that can get dirty
- Togs / Swimming Gear
- Sunhat / Cap
- Sunblock
- Shoes - At least two pairs (fully enclosed)
- Torch
- Water bottle (named)
- A single fitted sheet (for mattress)
- Rubbish bag for wet / dirty clothing
- Camp Booklet and Pen



OPTIONAL GEAR

- Wetsuit and Water Shoes
- Gumboots
- Sunglasses
- Over Trousers
- Insect Repellent
- Camera
- Pegs

All gear should be named and is the responsibility of the student to look after it.

Cell phones, money, electronic equipment, lollies and gum are NOT required on camp and are not be taken.



9. EOTC Parental Consent

School Camp at Vertical Horzions

Parental Consent

- I agree to my child taking part in the EOTC event and have received sufficient information on which to base a decision.
- I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.
- I have updated (where necessary) my child's health information held by the school.

Acknowledgement of Risk

- I have read the EOTC event information and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated.
- I understand that the school will identify any reasonable foreseeable risks and hazards, and implement correct management procedures to eliminate or minimise these.
- I understand my child has been involved in the development of safety procedures and I will do my best to ensure that my child follows these procedures.
- I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved.
- I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice' procedure. My child and I both understand that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that the school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Child's name:

Room Number:

Name:

Signature:

Date:



18. Health Profile and Medical Consent

Student Information

Name:

Year:

Address:

Phone:

<p>1 Please tick if your child has any of the following:</p> <p><input type="checkbox"/> Migraine</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Travel Sickness</p> <p><input type="checkbox"/> Fits of any type</p> <p><input type="checkbox"/> Chronic nose bleeds</p> <p><input type="checkbox"/> Heart Condition</p> <p><input type="checkbox"/> Dizzy Spells</p> <p><input type="checkbox"/> Colour Blindness</p> <p><input type="checkbox"/> Other – Please specify</p> <p>.....</p> <p>.....</p> <p>2 Medical Alert Number (if applicable)</p> <p>.....</p> <p>.....</p> <p>3 Date of last tetanus injection?</p> <p>...../...../.....</p> <p>4 Is your child currently taking medication?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please state ailment/s</p> <p>.....</p> <p>.....</p> <p>Name of medication/s</p> <p>.....</p> <p>.....</p> <p>Dosage & time/s to be taken</p> <p>.....</p> <p>.....</p> <p>Other treatment</p> <p>.....</p> <p>.....</p>	<p>5 Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p> <p>6 Is your child allergic to any of the following?</p> <p>Prescription medication</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p> <p>Food</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p> <p>Insect bites/stings</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p> <p>Other allergies</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p> <p>Treatment required?</p> <p>.....</p> <p>.....</p>	<p>7 Outline any dietary requirements?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>8 What pain/flu medication may your child be given if necessary?</p> <p>.....</p> <p>.....</p> <p>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – please give brief details</p> <p>.....</p> <p>.....</p> <p>10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, bedwetting, behavioural or emotional problems)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – please give brief details</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Whanganui Intermediate School

EOTC STUDENT CONTRACT

To be read and signed by all participating students

Student Name

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Homeroom

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I understand that this event is an opportunity to learn new things, practise skills, and gain attitudes and values in an environment outside the classroom. I am responsible for my own learning and safety, and for the safety of others.

This means that I will:

- show courtesy and consideration to others
- follow the rules and instructions given to me by teachers, activity leaders, and assistants at the event, including during travel to and from the event
- take part in all activities within challenge-by-choice* options
- look after myself and my personal belongings
- declare medical conditions that could affect my participation in the event
- accept the rules set by the school for the event, even if they are different from the ones we have at home

I understand that my parents/caregivers will be contacted and I may be sent home at their expense if:

- staff consider my actions unacceptable
- I breach the school's drugs and alcohol policy
- my actions put me or others in any danger

Signature

.....

Date

.....

** Challenge-by-choice means the participant chooses their own level of challenge within a supportive peer environment.*



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VOLUNTEER ASSISTANT AGREEMENT

*To be read and signed by all volunteer assistants on an EOTC event.
This form may be kept on file and used again.*

Name

.....

Address

.....

.....

.....

Phone numbers (home)

(work)

(mobile)

.....

.....

.....

I am the parent/caregiver of

.....

OR

I am a volunteer (please tick)

As a volunteer assistant at a school EOTC event (either on school grounds or off):

- I am willing to comply with the requests from staff and follow safety procedures that have been set.
- I am willing to assist in aspects of running the event, based on information I have supplied in the Activity Leader/Assistant Competence form.
- I agree that I am bound by the school's privacy policy and will maintain confidentiality regarding students and families at the school.
- I agree that I am bound by the drugs and alcohol policies of the school, and will not consume or be under the influence of alcohol, illegal drugs, or other harmful substances when supervising or in the presence of students.
- I agree that I am bound by the smokefree policy and will not smoke anywhere on school grounds, including a road patrol area or EOTC venue, or when supervising students.
- If successful I am willing to undergo the police vetting process.
- I accept the terms of my involvements, as stated above.

Signature

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Date

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