

PERMISSION FORM FOR 'SANTA MONICA' CAMPUS ACTIVITIES

Educational purpose of the program:

Twin themes of "Transition to Manhood and "Environmental Awareness"

Supervising Staff:

Mark Smith (Campus Director), Mic Stapleton (Outdoor Assistant), Peter Morgan (Outdoor Assistant), Belinda Sharrock (Outdoor Assistant), Josh Rice (GAP Year Assistant), Judy Scanlon (Cook), Nicole Hooker (cook), John Garth (Bus Driver)

Name and details of emergency contacts:

On site contact: Mark Smith 5289 7101, 0438 055 764 Off site contact: Tony Paatsch 9289 1101

Travel Arrangements School coach to and from SM campus, 22 & 11 seater buse

School coach to and from SM campus. 22 & 11 seater buses during program

Transport Details

Depart SBC, The Pavilion, 8.15am Monday Return to SBC, 2.30pm Friday

Distance from expert medical care (SM Campus):

10 km to Lorne Hospital/ambulance assistance / 7 km to Aireys Inlet Medical Centre

Distance from expert medical care (on hikes)

Apollo Bay Hospital 35 km / Lorne Hospital 20km

Accommodation Arrangements

Cabin accommodation – four students/cabin. Two person tents on overnight hikes.

Adventure Activities undertaken during SM experience

Surfing, bushwalking, canoeing, ocean kayaking, swimming, mountain bike riding.

These Activities present the potential for students to sustain physical injury. The following procedures will be implemented – along with other strategies – to manage the potential risks in the program.

Appropriate supervision of at risk activities according to Education Department Guidelines and/or as approved by Principal and/or College Board. Provision of qualified staff to conduct surfing, swimming, bushwalking & canoeing. Provision of certified contractors to run mountain bike rides, with assistance of SM staff.

A Risk Management Plan for this program and an Emergency Management Plan for the site have been developed by staff and are available for parents to review on request. This includes a Bushfire Action Plan. Contact Mark Smith 52897101

Student Behaviour

I understand that in the event of any behaviour that poses a danger to himself or others during the SM program, my son may be sent home. I further understand that in such circumstances I will be informed and that transportation of my son from the campus will be my responsibility.

Consent for emergency transportation

In the event of an emergency I consent to my son being transported in a privately owned vehicle driven by a member of the supervisory staff listed above. [strike out if you do not consent]

Please indicate your son's experience /qualifications in each of the following:		
Swimming	Canoeing	
Mountain Bike Riding	Surfing (Board)	
Bushwalking		

PARENT CONSENT

I have read all of the above information provided by the school in relation to the Santa Monica Residential Program, including material provided on the school's website.

I give permission for my son		(full name) to attend
Parent/Guardian:		(full name)
		(signature)
Emergency contact	(BH)	(AH)
		(Mobile/s)
Parent/Guardian Address:		•••••
EMAIL ADDRESS FOR WEEKI	LY BULLETIN (please write clea	arly)