



# Otago Girls' High School

41 Tennyson Street, Dunedin 9016, New Zealand

## Year 9 Camp

27th February - 1st March 2024

We are delighted with how quickly our Year 9 students have settled into classes, and school routines. Our Orientation Programme for Year 9 will conclude with an overnight camp to be held at Tirohanga Camp, North Taieri. The focus of the camp is to provide further opportunity for the development of friendships between the students, and to build on the Peer Support and Sister's Programmes, with the Year 13 students acting as mentors for our Year 9's.

The camp is an introduction to our Outdoor Education programme. Students will learn basic outdoor safety, and develop interpersonal skills such as self-management, cooperation, tolerance, perseverance, resilience and further develop their sense of belonging at Otago Girls'. On day two, all students will participate in water competency activities facilitated by a fully qualified lifeguard at Te Puna o Whakaehu (Mosgiel Community Pool), and be involved in team building challenges in mini-golf and the outdoor maze at Wal's Fun Land.

### The schedule for the week is as follows:

Date	Classes	Activity
Tuesday 27th to Wednesday 28th February	9Be and 9Emb	Go to camp/overnight. Return to school by 3:00pm Wednesday 28th February
Wednesday 28th to Thursday 29th February	9Hgi and 9Nch	Go to camp/overnight. Return to school by 3:00pm Thursday 29th February
Thursday 29th February to Friday 1st March	9Ktw and 9Mn	Go to camp/overnight. Return to school by 3:00pm Friday 1st March

The camp contribution is **\$100**. This covers transport, accommodation, food, activities and instructors for the two days. The payment is due at school by **Wednesday 21st February** along with the attached medical consent form and student contract, in a clearly named and sealed envelope. The school's bank account details for online payments are: Otago Girls' High School: 12 3485 0014040 50. Please put your child's name and Yr 9 Camp as the reference details.

A gear list is attached. Everyone must have polypropylene layers, a raincoat, woollen beanie and sports shoes for a day walk. These items will be checked by the Whānau teacher prior to camp. Please note that due to students with allergies, we require the camp to be **nut free**. Please ensure all food that your child brings to camp is free of nuts.

The camp contribution can be paid off in instalments, and financial assistance is also available. If you need financial assistance, we ask that you contact Ms Bray, the school guidance counsellor directly, phone 471 9729 or via email [rbr@otagogirls.school.nz](mailto:rbr@otagogirls.school.nz). Please contact Ms Young for any other queries.

Yours sincerely,

**Bridget Davidson**  
Principal

**Moira Young**  
Year 9 Dean/Camp Leader  
[yg@otagogirls.school.nz](mailto:yg@otagogirls.school.nz)



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## Gearlist: Year 9 Camp

Please ensure that your child brings the following gear to Camp. If you can not find this gear at home, please borrow it from someone. Gear should be packed in one bag, e.g. duffel bag or backpack. No large suitcases with wheels, please.

The group will be spending a lot of time outdoors. It is essential that they bring the following gear to ensure their safety and wellbeing.

- ☐ Packed **morning tea and lunch** for the first day (in a lunchbox)
- ☐ Sleeping Bag
- ☐ Fitted sheet for the bunk rooms
- ☐ **Woollen jersey or polar fleece jacket/warm jacket**
- ☐ **1 polyprop/wool top**
- ☐ **1 polyprop/wool leggings**
- ☐ **Waterproof raincoat**
- ☐ 1 pair of warm socks and spare socks for activities
- ☐ Track Pants/leggings/shorts/t-shirt and sweatshirt for day activities
- ☐ Underwear
- ☐ Nightwear
- ☐ Woollen beanie
- ☐ Sunhat and sunblock
- ☐ **Sports shoes suitable for walking and confidence course**
- ☐ Sandals/jandals/scuffs for wearing around camp
- ☐ Swimming togs/towel for water slide and aquatics activity on day two
- ☐ Toiletries
- ☐ Personal medication, if needed (named and handed to the Whānau teacher).
- ☐ Torch
- ☐ Watch, camera (optional)
- ☐ Paper and pens
- ☐ Drink bottle
- ☐ Plate, Cup and utensils, with a tea towel
- ☐ Day pack or school bag
- ☐ Home Baking (nut free) to be handed in
- ☐ A SMILE AND HEAPS OF POSITIVITY and ENTHUSIASM!!

**Please remember to name all items.**

***A gear check of the items in bold will be conducted by your child's Whānau teacher.***

***Try to borrow the correct gear if you do not own any.***

***If you are having difficulty, please contact the Whānau teacher for assistance.***





OTAGO GIRLS' HIGH SCHOOL  
STUDENT CONTRACT

Name: \_\_\_\_\_

Whānau Class: : \_\_\_\_\_

Activity: Year 9 Camp 2024

I understand that this event is an opportunity for me to learn, practise skills, and gain attitudes and values in an environment outside the classroom. I realise that this requires me to take on genuine responsibility for my own learning and safety, and that of others. It is expected that I will demonstrate the school PB4L values of Respect – Kia Whakaute, Positivity – Kia Hihiri, and Integrity – Kia Pono in everything I do.

I agree to do the following to make this happen:

- Follow instructions of staff and other supervisors at the event.
- Take part in all activities within challenge-by-choice options.
- Look after myself and my personal belongings.
- Wear the appropriate clothing at all times.
- Show courtesy and consideration to others.
- Eat and drink regularly to maintain energy levels.
- Declare medical conditions that could affect participation in the event.
- Accept the rules set by the school for the event, even if they are different from what is accepted at home.
- Follow the expectations and rules of cellphone and other devices at all times.
- Cooperate fully in an emergency.

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

- My actions are considered unacceptable by staff;
- I breach the school drugs and alcohol policy;
- My actions put me or others in any danger.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



# Otago Girls' High School



## Water Activities Consent Form

For activities where being able to swim is essential

### Swimming Ability

	Yes	No	Don't know
Are you able to swim 50 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you water confident in a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you confident in deep water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to tread water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to survival float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you confident in the sea or open inland water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you safety-conscious in and around water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name \_\_\_\_\_ Whānau Class \_\_\_\_\_

I confirm that I am in good health and I consider I am fit to participate

Signed by student \_\_\_\_\_ Date \_\_\_\_\_

Signed by parent \_\_\_\_\_ Date \_\_\_\_\_



## OTAGO GIRLS' HIGH SCHOOL CONSENT FORM

Name: \_\_\_\_\_

Whanau/Core Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Proposed Trip: **Y9 Overnight Camp 2024**

**27th February - 1st March**

Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

\_\_\_\_\_ Emergency No: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No: \_\_\_\_\_

Community Services Card: \_\_\_\_\_

Please tick if the student has any of the following:

Migraine ☐ Epilepsy ☐ Asthma ☐

Diabetes ☐ Travel sickness ☐ Fits of any type ☐

Chronic nose bleeds ☐ Heart condition ☐ Dizzy spells ☐

Glandular Fever ☐

Other (Please specify) \_\_\_\_\_

Is the student currently taking medication? Yes ☐ No ☐

If YES, please state: \_\_\_\_\_

Name of medication/s: \_\_\_\_\_

Dosage and time/s to be taken: \_\_\_\_\_

Other treatment: \_\_\_\_\_

Has the student had any injuries (breaks or strains) or illness (glandular fever etc) in the **last six months** that may limit full participation in any activity.

Yes ☐ No ☐

If YES, please state the injury/illness. \_\_\_\_\_

List any allergies (including allergies to medications) \_\_\_\_\_

When was the student's last tetanus injection? \_\_\_\_\_

Is the student immunised for measles? Yes ☐ No ☐

Outline any dietary requirements? \_\_\_\_\_

Is there any information the staff should know to ensure the physical and emotional wellbeing of the student? (e.g. disabilities, anxieties, behavioural or emotional problems)

Yes ☐ No ☐

If YES, please state or attach the information: \_\_\_\_\_

☐ I also agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

☐ I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

☐ I agree to the student receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

☐ Any medical costs not covered by ACC or a community service card will be paid by me.

☐ If the student is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol nicotine, vaping, or actions that threaten the safety of others, they will be sent home at my expense.

The school applies best practice to minimise all risk in activities. Parents should be aware of inherent risks. If there are any medical concerns or changes that arise immediately prior to the trip, please contact the teacher-in-charge. If you have any concerns, please do not hesitate to contact the school.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

(To be read and signed by parent/caregiver of student participants).

Date: \_\_\_\_\_