Aim of Extension Programs
To provide students of Outdoor School – Bogong Campus with the opportunity to further explore the Alpine environment, extend their outdoor skills, leadership skills and build independence. This is an opportunity for students to participate in a challenging five-day expedition style program in the Alpine environment and share this with other like-minded young people from across the state.

Choice of Programs
Once again we have on offer the Summits Walk, which is in its 16th year and out Hike n Raft program which is going into its 5th year. We know the value of these styles of program and would love to get more students coming back and taking on a bigger challenge.

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<tr>
<th></th>
<th>Summits Walk</th>
<th>Hike n’ Raft</th>
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<tr>
<td></td>
<td>5-day hike</td>
<td>3-day hike &amp; 2 days on river</td>
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</table>

These adventurers will journey on foot to discover more of the Victorian Alps. They might choose to start their journey on the Bogong High Plains at an achievable pace, taking in what they can. Rocky summits like The Jaitmathangs, Mt Cope, Mt Nelse, Spion Kopje, heathlands, hearbfields, grasslands, snow gums and crystal streams. If they are willing they could journey down to cross the Big River before climbing up high to the top of Victoria, Mt Bogong at 1986m above sealevel.

These students will begin their journey at the top of Victoria’s water catchment and travel on foot across the Bogong High Plains and down to the Mitta Mitta River. In the historic Mount Wills area of the Glen Valley students will learn about their watercraft; which could be rafts, inflatable kayaks or river sleds, depending on river height. They then embark on the river component of their journey down the Mitta Mitta and follow part of the course the water takes on its trip to the ocean in South Australia.
All trips are journey-style programs where students camp in tents and cook their own food. The Friday night at Bogong will be a relaxed evening of celebration where students can reflect and share stories with each other. Upon completion of the program, students will receive a written reference from their teacher outlining their achievements.

Applications
Any State Secondary School student ready to take on the challenge of a five-day expedition is encouraged to apply.

Send enclosed application forms to: Attn: Jarrod Quinn
Extension Programs Coordinator
Outdoor School Bogong Campus
1 Black Possum Rd
Bogong Village 3699

OR send an email with forms attached to: quinn.jarrod.j@edumail.vic.gov.au

Applications close: Friday October 14th 2016
Applicants will be contacted regarding their acceptance soon afterwards.

Details on the Forms:
- A short description of why you wish to participate in the Extension Program.
- A brief history of your outdoor experience
- Parental consent and Medical information

Acceptance
There are a maximum number of 20 places available over all of the Extension Programs this year. There is also a minimum number for each program in order to make it viable. Every effort will be made to match students to their preferred program. However, if this is not possible due to numbers, the applicant will be consulted and offered another program. In the case that we have more applicants than places, selection will be based on their written application. If a student misses out on their 1st preference and wishes to apply the following year they will be given priority for their preference.

Once accepted, the Extension Program Coordinator will be in contact with the students to ensure they are well prepared, finalise transport arrangements and to answer questions. It is important that students nominate an email address on their application form for this correspondence to occur.
Transport

Students are responsible for arranging their own transport to Wodonga Railway Station. Outdoor School Bogong will provide transport from Wodonga Railway Station to Bogong on the Sunday and return students to Wodonga Railway Station on the following Saturday afternoon.

Train Times:

**Departing Sunday 20th November**
Depart: Spencer St /Southern Cross Station @ 7:05am,
Arrive: Wodonga Station @ 10:40am

**Returning Saturday 26th November**
Depart: Wodonga @ 6:45am.
Arrive: Spencer St/Southern Cross Station @ 10:30am

Alternatively, students can be driven by their parents to the Outdoor School – BOGONG CAMPUS at Bogong Village. In that case, the drop-off and pick up times are as follows:
Sunday drop off: 12:30pm – 1pm (after lunch), Saturday pick up: 8:30am – 9:30am

Cost

$140 per student. This covers all costs including, transport from Wodonga railway station, equipment hire, food, accommodation and maps. Full payment will be requested on confirmation, to be paid by the 11th of November 2016.

Catering

Students will be provided with nutritious food from their arrival on Sunday afternoon, throughout the journey, until the following Saturday. Students will share food with a tent partner, which will include all basics and some extras. Any dietary requirements must be indicated on the medical form.

Equipment Requirements

Outdoor School Bogong will provide students with all the specialised equipment required for their journey. However, students will need to prepare their own clothing, appropriate for Alpine conditions. A full list of equipment taken on the trips is included in this information package and the clothing the student must supply is indicated.

Student Supervision

Students will be in the care of Outdoor School teaching staff at all times during their stay at Bogong, travel to and from the centre and during the expeditions. The expeditions will operate within Department of Education guidelines and staff to student ratios.

Students may have the option to travel in their group, independent of staff, to reach objectives on their journey. During these times of independent travel the students will be equipped with a radio, followed by staff and required to meet at planned points.
<table>
<thead>
<tr>
<th><strong>Outdoor School Equipment List</strong></th>
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<tr>
<td><strong>Personal Student Gear</strong></td>
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<td>Supplied by Students</td>
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<tr>
<td><strong>Specialised Equipment</strong></td>
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<td>Supplied by Students</td>
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<td><strong>Summits Walk</strong></td>
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<tr>
<td><strong>Tent Pairs List</strong></td>
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<tr>
<td>Supplied by Bogong</td>
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<td><strong>Things you will need for your time on-site at Outdoor School Bogong Campus:</strong></td>
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<td><strong>Hike n’ Raft</strong></td>
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</table>
Outdoor School – Bogong Campus
Extension Programs - Application and Preparation Form

Name: _____________________________________________________________

School: __________________________________________________________________________

Email: __________________________________________________________________________

Please indicate in order of preference (1-2), which program you wish to apply for:

☐ Summits Walk
☐ Hike n’ Raft

Tell us why you want to be a part of one of this year’s Extension Programs:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Outdoor Experience:
Tell us about any outdoor experience you have had (bushwalking, canoeing, bike riding, etc)

<table>
<thead>
<tr>
<th>Activity:</th>
<th>Where:</th>
<th>Dates:</th>
<th>Who with:</th>
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</table>
Parent/Guardian Consent – please circle as appropriate – (if left blank we will assume yes is the response):

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>I agree to my child using the internet and computer network at Bogong in accordance with the same internet student users agreement that applies at their current school.</td>
<td></td>
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</tr>
<tr>
<td>I also consent to my child being photographed and/or visual images of my child being taken whilst at Bogong by the DET. I also consent to these photos being used for use in the school’s publications, the school’s social media accounts and the school’s website, for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.</td>
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<td>Is English your child’s main language?</td>
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<td>Has your child been away from home before?</td>
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<td>I authorise the teacher in charge to administer paracetamol as per the Outdoor School protocol.</td>
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</table>

I agree to my child’s attendance at the Outdoor School - Bogong and to his/her taking part in any excursion or activities arranged for students in connection with the school program. I have read the Parent & Student Booklet and understand the program contains potentially hazardous activities in remote areas subject to natural hazards and severe weather.

I will notify the school if my child is in contact with any infectious disease within four weeks of departure date. In the event of any illness or accident, where it is impracticable to communicate with me, I authorise the teacher in charge to consent to my child receiving such medical or surgical treatment as may be deemed necessary. I accept responsibility for payment of any expenses thus incurred. In the event of my child being unable to accompany the rest of the group home due to ill health or accident I will make the necessary arrangements in liaison with the School Principal for his/her return.

Should my son/daughter violate the rules of the school to the extent that the teacher in charge in consultation with the Principal of Outdoor School Bogong considers that he/she should be sent home, I agree to organise this withdrawal and fully cover the transport costs involved in this process.

________________________________________
Parent/Guardian’s Full Name (please print)

________________________________________
Parent/Guardian’s Signature

________________________________________
Student’s Signature

Cancellation or Withdrawal

The Department of Education and Training (DET) reserves the right to cancel a program for any reason. In the event of a student’s application being withdrawn prior to the commencing date of the program the Department through the Principal reserves the right to make a refund only where a reasonable excuse for withdrawal is offered. No refund will be made where a student leaves during the program except in the case of illness, and then only on a pro rata basis.
Medical Information Form — Valid 2016
For Students & Visiting Teacher (VT) to fill in

This information is intended to assist Outdoor School – Bogong in case of any medical emergency with your child or a VT. All information is held in confidence.

School: ____________________________ Year Level ____________________________

Full Name: ____________________________ Date of Birth: ____________________________ Male/Female

Parent/Guardian/Contact Person’s Full Name: Parent details are required if Medicare is used. ____________________________ D.O.B. ____________________________

Address: ____________________________

Home Phone: ____________________________ Work Phone: ____________________________ Mobile Phone: ____________________________

Home Email Address: ____________________________

Name & Address of Family Doctor: ____________________________

Medicare No: ____________________________ Valid to: _______/_______ Child’s Number (eg. 2, 3, 4): _______

Medical/Hospital Insurance Fund: ____________________________ Member No: ____________________________

Ambulance Subscriber: Yes — No If yes, member number: ____________________________

<table>
<thead>
<tr>
<th>Tick</th>
<th>Item</th>
<th>Details</th>
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<tbody>
<tr>
<td></td>
<td>Diabetes</td>
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<td></td>
<td>Dietary Requirements</td>
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<td></td>
<td>Dizzy Spells/Blackouts</td>
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<td>Fits Of Any Type</td>
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<td>Hay Fever</td>
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<td>Heart Condition</td>
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<td>Migraines</td>
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<td>Physical Difficulties</td>
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<td>Previous Injuries</td>
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<td>Sleepwalking</td>
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<td>Travel Sickness</td>
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<td>Other</td>
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</table>

Please tick the box on the left if your child suffers any of the following:

- Anaphylaxis If ticked you MUST attach the appropriate completed Anaphylaxis Action Plan.
  
  Responsible person is:
  
  Please state below who will be responsible for carrying the Epipen/Anapen?

- Allergies If ticked you MUST complete and attach the Allergic Reactions Action Plan.

- Asthma If ticked you MUST complete and attach the Asthma Action Plan.

Year of Last Tetanus Immunisation: ____________________________

(Note: Tetanus immunisation is normally given at 5 years of age — as Triple Antigen or CDT and at 15 years of age — as ADT.)

Medication – Is your child presently taking tablets and or medicine? YES / NO If yes please detail below.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medication</th>
<th>Dosage</th>
<th>When given &amp; instructions.</th>
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Swimming Ability: please tick the distance your child can swim comfortably.

- Cannot Swim
- Weak Swimmer (<50m)
- Fair Swimmer (50-100m)
- Competent Swimmer (100-200m)
- Strong (200m+)

Signature of Parent/Guardian: ____________________________ Date: ____________________________

DET requires this consent to be signed for all students and teachers attending school excursions.
Asthma Care Plan for Schools – Outdoor School – Bogong

Staff are trained in asthma first aid (see below) and can provide routine asthma medication as authorised in this care plan.

1. Sit the person upright.
   a. Be calm and reassuring.
   b. Do not leave them alone.
2. Give 4 puffs of blue reliever puffer medication.
   a. Use a spacer if there is one.
   b. **Shake** puffer.
   c. Put **1 puff** into spacer.
   d. Take **4 breaths** from spacer.
   **Repeat until 4 puffs have been taken.**
   **Remember: Shake, 1 puff, 4 breaths.**
3. Wait 4 minutes.
   a. If there is no improvement, give **4 more puffs** as above.
4. If there is still no improvement call emergency assistance (DIAL 000).
   a. Say ‘ambulance’ and that someone is having an asthma attack.
   b. Keep giving **4 puffs** every **4 minutes** until emergency assistance arrive.

If calling triple zero (000) does not work on your mobile phone, try 112.

**Please write down anything different this student might need if they have an asthma attack.**

Student’s Name: ___________________________ Date of Birth: ___________________________

**Daily Asthma Management**

<table>
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<tr>
<th>This student’s usual asthma signs</th>
<th>Frequency and severity</th>
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<tbody>
<tr>
<td>Cough</td>
<td>Daily/most days</td>
</tr>
<tr>
<td>Wheeze</td>
<td>Frequently (more than 5 x per year)</td>
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<tr>
<td>Difficulty breathing</td>
<td>Occasionally (less than 5 x per year)</td>
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<tr>
<td>Other (please describe below)</td>
<td>Other (please describe below)</td>
</tr>
</tbody>
</table>

**Known triggers for this student’s asthma (eg exercise, colds/flu, smoke) – please detail:**

- Cough: Daily/most days
- Wheeze: Frequently (more than 5 x per year)
- Difficulty breathing: Occasionally (less than 5 x per year)
- Other (please describe below)

Does this student usually tell an adult if he/she is having trouble breathing. [ ] Yes [ ] No
Does this student need help to take asthma medication? [ ] Yes [ ] No
Does this student use a mask with a spacer? [ ] Yes [ ] No
Does this student need their blue reliever puffer medication before exercise? [ ] Yes [ ] No

**Medication Plan**

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

<table>
<thead>
<tr>
<th>Name of medication and colour</th>
<th>Does/number of puffs</th>
<th>Time required</th>
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Name of doctor: ___________________________ Phone: ___________________________

Doctor’s Signature: ______________________ Date: ___________________________

**Parent/Guardian**

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Name (please print): ___________________________ Signature: ___________________________ Date: ___________________________
**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Give medications (if prescribed) 
  Dose:
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

Watch for any one of the following signs of anaphylaxis

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION**

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2. Give adrenaline autoinjector if available.
3. Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis

**Additional information**
ACTION PLAN FOR
Anaphylaxis

For use with EpiPen® Adrenaline AutoInjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or weals
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
  Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheezing or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

1. Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2. Give EpiPen® or EpiPen® Jr
3. Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.
EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-8 years.
* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information
Note: This is a medical document that can only be completed and signed by the patient’s treating medical doctor and cannot be altered without their permission.
ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline AutoInjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed)
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

1. Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2. Give Anapen® 300 or Anapen® 150
3. Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.