Chaldercot Camp
Year 10
6th to 8th April 2016
Camp Pack

Camp Information Pack

The Camp Information Pack contains all the details of the Camp Program, Registration Procedure, and what students will need to pack for camp. Please keep this Pack for future reference.

1. Information Letter to Parents and Students
2. Step-by-Step to Camp
3. Camp Program
4. Camp Site Map
5. What to Bring to Camp

Camp Registration Pack

Parents are required to complete all the forms in the Camp Registration Pack, and return them to the School by Monday, March 14th, 2016.

6. Parental Consent Form (to be completed and returned)
7. Student Code of Behaviour Agreement (to be completed and returned)
8. Camp Registration and Payment form (to be completed and returned)
9. Assumption of Risk form (to be completed and returned)
10. Student Medical Requirements form (to be completed and returned)
11. Consent to Administer Medication form (to be completed and returned)
12. Special Dietary Requirements form (to be completed and returned)
Wednesday, February 24, 2016

Dear Parents and Students,

In 2016 our Year 10 students will be attending a Youthworks camp at the Chaldercot site at Port Hacking, from April 6th to April 8th, 2016. Youthworks is an energetic Christian organisation committed to encourage and excite young people with the Word of God. They have been diligently working with us to create an exciting and God-focused camp for our students.

This camp is an integral part of the Stage 5 learning program, providing a range of unique opportunities that cannot be experienced at school, and as such, students are expected to attend.

The 2016 camp includes the following activities:

• Initiatives
• Hiking
• Canoeing
• Mountain Biking
• Overnight Camp
• Christian Discovery
• Swimming

Students are encouraged to participate in each of the activities, as they are designed to nurture their individual growth and inspire team-building skills.

The students will be sleeping in cabins at the site for one night and camping out for one night. Catering is provided, however for those students who have allergies, intolerances, or religious / lifestyle choices, dietary requirements will be forwarded to the camp provider.

The cost of the camp is $387.00 per student.

This may be the first camp that your child has attended, and they may be a little apprehensive. Please be assured that we will do everything we can to support your child as they overcome any anxiety before or during the camp.

Should you have any queries or concerns, please do not hesitate to contact Mick Buttrose, Manager of Administration, On-Campus & Distance Education, at the school.

Kindest regards,

Paulle Kwok
Principal
Step-by-Step to Camp

There are a number of tasks that need to be completed, in order for the students to attend camp. We ask that all our parents and students familiarise themselves with each Step in the process, and complete them together, in a timely manner.

Step 1

Read through all the information together, to ensure that you are prepared and ready to commit. All the information you need to know about the camp has been included in this Pack. However, if you have any queries or concerns, please do not hesitate to contact the College.

Step 2

Please complete and submit the following forms to the Front Office, no later than Monday, March 14th, 2016:

- Parental Consent form
- Student Code of Behaviour Agreement
- Camp Registration and Payment form
- Assumption of Risk form
- Student Medical Requirements
- Consent to Administer Medication form
- Special Dietary Requirements form

Step 3

The cost of the camp is $387.00 and includes transportation between the College and Camp, meals, accommodation and all activities. Payment is required in full by Monday, March 21st, 2016. A non-refundable deposit of $50 is included.

Payment may be made by debit or credit card or direct debit. Please complete and submit the Registration and Payment form no later than Monday, March 14th, 2016 with other camp forms (refer Step 2). Your child’s place will be secured upon receipt of full camp payment.

Step 4

Please read through the list of What to Bring to Camp and ensure you have all the necessary items. It is essential that students understand and the dress code.

Step 5

Please read 2016 Camp Update emails that may be sent, so that you are informed of ongoing developments.

Step 6

In case of an emergency the campsite is located on Rathane Road, Royal National Park NSW 2232. The phone number on site is (02) 8268 3393.
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity 1</th>
<th>Activity 2</th>
<th>Activity 3</th>
<th>Activity 4</th>
<th>Activity 5</th>
<th>Activity 6</th>
<th>Activity 7</th>
<th>Activity 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Exp. Chaldercot</td>
<td>Exp. to Bonnie Vale</td>
<td>Exp. to Bonnie Vale</td>
<td>Exp. to Bonnie Vale</td>
<td>Exp. to Bonnie Vale</td>
<td>Exp. to Chaldercot</td>
<td>Exp. to Chaldercot</td>
<td>Exp. to Chaldercot</td>
</tr>
<tr>
<td>3:30</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Years 10 Chaldercot Camp
6th to 8th April 2016

Camp Site Map

Chaldercot Site Map
Accommodates 48 normally
Accommodates 52 (extra bed in rooms 3-6)

Camp Site Map

- Hall
- Rooms
- Covered Deck
- Dining Room (seats 64)
- Kitchen
- Room 8
- Room 10
- Covered Wastebin
- Courtyard
- Parking
- Oval
- Covered Verandah

You are most welcome to visit the property,
however, we ask that you do not disturb
our staff at work, please ring on 02 623 13 99.
This ensures that a staff member will be available
to assist you and the facilities updated.

Quiet Area

Hacking River
What to Bring to Camp

<table>
<thead>
<tr>
<th>Clothing</th>
<th>Toiletries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underwear + Socks for 3 days</td>
<td>Toothpaste + Toothbrush</td>
</tr>
<tr>
<td>T-shirts (must cover shoulders)</td>
<td>Soap</td>
</tr>
<tr>
<td>Shorts / Skirts (must be mid-thigh or worn with leggings)</td>
<td>Shampoo + Conditioner</td>
</tr>
<tr>
<td>Long Pants</td>
<td>Deodorant (NO aerosols)</td>
</tr>
<tr>
<td>2 x Warm Jackets / Jumpers (1 for water sports)</td>
<td>Sunscreen lotion</td>
</tr>
<tr>
<td>Waterproof Jacket / Raincoat</td>
<td>Insect Repellent (NO aerosols)</td>
</tr>
<tr>
<td>Walking Shoes for hiking - comfortable, sturdy - no crocs</td>
<td>Tissues</td>
</tr>
<tr>
<td>Wet Shoes or old pair shoes (for water sports)</td>
<td>Prescribed / required medicines</td>
</tr>
<tr>
<td>Thongs / Flip Flops for the shower only</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pyjamas</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimmers</td>
<td>Bible</td>
</tr>
<tr>
<td>Hat</td>
<td>Notebook + Pen</td>
</tr>
<tr>
<td>Raincoat</td>
<td>Plate, bowl, cup, knife, fork, spoon (can be disposable)</td>
</tr>
<tr>
<td>Full set of clothes appropriate for hiking</td>
<td>Wet Wipes (optional)</td>
</tr>
<tr>
<td>Full set of clothes appropriate for canoeing</td>
<td>Small snacks (no nuts)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Linen</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath Towel</td>
<td>Reusable Water Bottle(s) - 2 litres in total</td>
</tr>
<tr>
<td>Swimming Towel</td>
<td>Day Pack – for water bottle + jacket + day items</td>
</tr>
<tr>
<td>Sleeping Bag</td>
<td>2 x Garbage Bags – for wet clothes + grubby things</td>
</tr>
<tr>
<td></td>
<td>Disposable Camera (optional)</td>
</tr>
</tbody>
</table>

Guidelines

It is essential that all students follow these guidelines:

- Bring old and inexpensive items
- Only bring small amounts of cash for vending machines / souvenirs
- Bring enough spare clothes in case clothes get wet due to activities or weather
- Label all of your belongings
- Clothes must NOT display offensive images or language
- Jewellery – girls only may wear stud earrings; other types pose a safety issue for activities
- Inappropriate jewellery or clothing will be confiscated and returned at the end of Camp; disciplinary consequences may be enforced
- DO NOT BRING electronic devices, valuable items, sharp objects / pocket knives, snacks containing nuts, Walkman/iPod, good clothes, electronic games, expensive jewellery, mobile phones, open footwear.
Parental Consent

Camp Attendance

☐ I DO        ☐ I DO NOT

give consent for my child, __________________________________________________________
presently in Year ______ at ACC Marsden Park, to participate in the 2016 Year 10 Chaldercot Camp being conducted by Youthworks.

THE FOLLOWING STATEMENT APPLIES IF CAMP ATTENDANCE HAS NOT BEEN GRANTED

Regular classes will not be operating for those students who do not attend camp. Supervision will be provided and set work will be expected to be completed during this time.

THE FOLLOWING STATEMENTS APPLY IF CAMP ATTENDANCE HAS BEEN GRANTED

I agree to pay the total costs incurred by the College for my child, as set out on the Camp Registration and Payment form. I understand that an amount of $50, included in the total cost, is a non-refundable deposit.

In the event my child is unable to go on the camp for any reason, any charges incurred by the school on my child’s behalf, including but not limited to, cancellation fees and deposits will be charged to my school account. I will pay any outstanding monies within fifteen (15) days following notice to me of the amount.

In the event of any illness, accident or injury, during the camp, I authorise the obtaining on my behalf of such medical or ambulance assistance as my child might require and accept responsibility for the payment of any expenses thus incurred. I further authorise qualified medical practitioners to administer anaesthetic and blood transfusions if such an eventuality arises. I submit the attached medical information about my child and include details of limitations, which he/she has for the activities concerned.

I have read the Student’s Code of Behaviour Agreement, understand its contents and conditions, and accept the parental responsibilities contained therein. I agree to pay all additional costs, incurred by the school, for the return of my child due to not adhering to the code of behaviour.

Photograph Publication

☐ I DO        ☐ I DO NOT

consent to my child being photographed and/or visual images of my child being taken during activities, for use in Australian Christian College publications.

Parent Name: ________________________________________________________________
(Please print clearly)

Parent Signature: ___________________________________________      _____/_____/_____
(Parent/ Guardian)                                                        Date
Student Code of Behaviour Agreement

The code of behaviour sets out what is expected of students attending the Year 10 Chaldercot Camp arranged by Australian Christian College Marsden Park.

Students are expected to:

- Treat all persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way
- Respect the property of others, including all camp and program facilities
- Follow instructions of all authorised personnel involved in this event, including but not limited to the College staff and Camp leaders, support staff, transportation personnel and administration
- Be on time for all departures and activity times
- Adhere to the Australian Christian College Marsden Park BYOD Guidelines
- Not have in my possession any tobacco, alcohol, sharp objects or any illegal substances/items
- Understand that any illegal behaviour will be referred to the police

I have read and understand the Student Code of Behaviour and agree to abide by its conditions.

Student Name: ____________________________________________
(Please print clearly)

Student Signature: _____________________________ / _____ / _____
(Student) Date

Buddy Request
Nominating a Camp Buddy can assist with accommodation and activity arrangements. Please list any fellow students with whom you would like to be grouped.

I nominate the following student/s as by Camp Buddy/s:

Student Name: ____________________________________________
(Please print clearly)

Student Name: ____________________________________________
(Please print clearly)

Student Name: ____________________________________________
(Please print clearly)
# Camp Registration and Payment

## STUDENT DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Last Name:</td>
<td>Customer Code:</td>
</tr>
<tr>
<td>Student First Name:</td>
<td></td>
</tr>
<tr>
<td>Year Level:</td>
<td>Camp Code: CP16MPY10T1</td>
</tr>
<tr>
<td>School Campus:</td>
<td>ACC Marsden Park</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Postal Address:</td>
<td></td>
</tr>
</tbody>
</table>

## Please tick a payment option:

<table>
<thead>
<tr>
<th>Option Description</th>
<th>Due Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Camp Payment (includes $50 non-refundable deposit*)</td>
<td>21 March 2016</td>
<td>$387.00</td>
</tr>
</tbody>
</table>

If you have decided to sponsor a child please tick this box:

<table>
<thead>
<tr>
<th>Option Description</th>
<th>Due Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorship Payment</td>
<td>21 March 2016</td>
<td>$387.00</td>
</tr>
</tbody>
</table>

## CREDIT CARD DETAILS

- Please debit my Credit Card with $____________________ (total amount)
- Credit Card Details: [ ] MasterCard [ ] Visa Expiry Date: ______/_______
- Credit Card Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
- Signature: ___________________________________________ Date: __________________

## DIRECT DEBIT DETAILS

- Please debit my Account with $____________________ (total amount)
- Account Name: ______________________________________
- BSB No: [ ] [ ] [ ] [ ] [ ] Account No: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
- Signature: __________________________________________ Date: __________________
- Name of Bank: ______________________________________
Assumption of Risk

<table>
<thead>
<tr>
<th>SWIMMING COMPETENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
</tr>
<tr>
<td>Year Level:</td>
</tr>
</tbody>
</table>

Please select Swimming Competency:

- [ ] Swimmer
  - Able to swim unaided for 25 metres
  - Able to tread water unaided for 2 minutes

- [ ] Non-swimmer
  - Unable to swim proficiently for 25 metres
  - Able to wade in waste deep water unassisted

- [ ] Non-participant
  - Unable to swim proficiently for 25 metres
  - Unable to enter the water for any reason

ACTIVITY RISK WARNING:

Students will be participating in supervised activities on camp that have potential risks factors that may, in extreme cases, under extraneous circumstances, cause death or injury. However, it should be noted that the Youthworks Camp Staff are fully qualified and trained to deliver these activities, and all duty of care and diligence is exercised in their undertaking.

I understand that at no time will my child be forced to participate in a recreational activity and that the camp adopts a challenge by choice policy. I accept the associated risks with the understanding that Youthworks camp staff are fully qualified and trained to deliver all the above activities, and that all duty of care and diligence will be exercised during the camp and camp activities.

Parent Name: _____________________________________________
(Please print clearly)

Parent Signature: _________________________________________
______/______/_______
(Parent/Guardian) Date
# Student Medical Requirements

**Student Name:** __________________________  **D.O.B.:** ____/____/_____  **Male [ ] Female [ ]**

## Primary Emergency Contact:

Name: __________________________  **Relationship:** __________________________

Phone: (Home) _______________________ (Work): _______________________ (Mobile): _______________________  

## Secondary Emergency Contact:

Name: __________________________  **Relationship:** __________________________

Phone: (Home) _______________________ (Work): _______________________ (Mobile): _______________________  

**Medicare No:** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Valid to: ______________________

**Doctor’s Name:** __________________________  **Telephone:** ______________________

<table>
<thead>
<tr>
<th>MEDICAL CONDITION</th>
<th>Please tick either Yes or No to all questions</th>
<th>If YES, select the relevant response OR provide details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>[ ] N [ ] Y</td>
<td>[ ] Existing Management Plan with school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Standard First Aid medication only?</td>
</tr>
<tr>
<td>Diabetes</td>
<td>[ ] N [ ] Y</td>
<td>[ ] Existing Management Plan with school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Standard First Aid medication only?</td>
</tr>
<tr>
<td>Intellectual Impairments</td>
<td>[ ] N [ ] Y</td>
<td>[ ] Existing Management Plan with school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Standard First Aid medication only?</td>
</tr>
<tr>
<td>Physical Impairments</td>
<td>[ ] N [ ] Y</td>
<td>[ ] Existing Management Plan with school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Standard First Aid medication only?</td>
</tr>
<tr>
<td>Sight / Hearing / Language Impairment</td>
<td>[ ] N [ ] Y</td>
<td>[ ] Existing Management Plan with school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Standard First Aid medication only?</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>[ ] N [ ] Y</td>
<td>[ ] Existing Management Plan with school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Standard First Aid medication only?</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>[ ] N [ ] Y</td>
<td>[ ] Existing Management Plan with school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Standard First Aid medication only?</td>
</tr>
<tr>
<td>Joint / Muscle / Bone problems</td>
<td>[ ] N [ ] Y</td>
<td>[ ] Existing Management Plan with school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Standard First Aid medication only?</td>
</tr>
<tr>
<td>ADD / ADHD / ODD</td>
<td>[ ] N [ ] Y</td>
<td>[ ] Existing Management Plan with school?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Standard First Aid medication only?</td>
</tr>
<tr>
<td>Ear Infections / Issues</td>
<td>[ ] N [ ] Y</td>
<td></td>
</tr>
<tr>
<td>Any operations or serious injuries /</td>
<td>[ ] N [ ] Y</td>
<td></td>
</tr>
<tr>
<td>illness in the last 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### MEDICAL CONDITION

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phobias (e.g. Water)</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
<tr>
<td>Sleepwalking / Nightmares / Odd sleeping habits</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
<tr>
<td>Other: learning issues; psychological, emotional or behavioural issues</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
<tr>
<td>Is your child currently on any medications?</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
<tr>
<td>Other medical condition that may effect participation?</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
</tbody>
</table>

### ALERGIES

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food / Medication</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
<tr>
<td>Chemicals</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
<tr>
<td>Insects / Animals</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
<tr>
<td>Plants / Vegetation</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
</tbody>
</table>

### DIETARY REQUIREMENTS

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any special requirements?</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
<tr>
<td>Any specific eating habits? (e.g. only likes certain types of foods)</td>
<td>[ ]</td>
<td>[ Y]</td>
</tr>
</tbody>
</table>

I declare that the information which I have provided on this form is complete and correct and that I will notify the College if any changes occur. I authorise the teacher or any employee of the school who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for the school to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child. I give permission for the school to retain this form for statutory archival requirements, noting that I can access it by appointment as per the College’s Privacy Policy.

Parent Name: ____________________________________________

(Please print clearly)

Parent Signature: ___________________________ _____/_____/_____

(Parent/ Guardian) Date
Consent to Administer Medication During Camp
(Valid for the duration of the Camp and for the purposes of ACC MP and Youthworks Camp Staff)

Student Name: ___________________________ Date of Birth: _____/_____/______

Please list all medications that your child requires or may require during the camp (e.g. insulin, Rivotil, Panadol).

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Strength (e.g. 10mg)</th>
<th>Dosage (e.g. 1 tablet)</th>
<th>Route (e.g. oral, via PEG)</th>
<th>Times to be given</th>
<th>Start Date</th>
<th>End Date</th>
<th>Other useful instructions or information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

I hereby grant permission for College staff to administer the necessary medication to my child during the Camp. I agree to notify the College in writing, if there are any changes to the above medication.

I will package the medication for my child in a labelled resealable bag with instructions enclosed. I agree to give the medication to College staff on the morning of Camp departure. I understand that if no medication permission is given, medication will only be given in an emergency situation.

The following points are for security and safety purposes, and act as a guideline to medication management:

- Parents must notify the school in writing to administer medication; this may include written guidelines from the prescribing medical practitioner, including potential side effects or adverse reactions
- Medication must be provided in the original pharmacy labelled container OR in a sealed, clearly labelled container/s including student’s name, dosage, and times to be taken
- Medication must not be out of date
- The student has received a dose at home without any ill effects
- The parents are responsible for notifying the school of any adjusted dose

Parent Name: ____________________________________________
(Please print clearly)

Parent Signature: ____________________________________________ _____/_____/______
(Parent/ Guardian)
Special Dietary Requirements

All questions to be filled out by the parent/guardian or person who has a special dietary need.

1. Anaphylatic & Life Threatening Reactions
   - If you are likely to suffer from a life threatening or anaphylactic reaction, or you cannot have food that carries the warning “may contain traces of .......” or “manufactured on equipment that also processes .......”, you are required to supply the following:
     - Your own PREPARED food to reheat
     - Disposable cutlery and crockery
   - A microwave and fridge space will be available for your use
   - A discount of $10.00 per day applies to any guest supplying all of their own food (prepared meals to reheat)
   - Ticking this box indicates you will be supplying your own food (prepared meals)

2. Special Diets – Please tick the box(s) that apply to you
   - No beef
   - Vegetarian
   - No pork
   - No eggs
   - No red meat
   - No shellfish
   - No chicken
   - No seafood
   - No white meat
   - No dairy
   - Halal – We regret that Youthworks Centres CANNOT provide Halal meat for individuals (standard vegetarian meals will be served in this instance). With prior arrangement WHOLE groups can be catered Halal meat if you wish.
   - Certain allergies not listed above may be able to be accommodated, but these must be discussed with our Catering Department prior to submitting a form, please phone 02 8525 3100 to discuss.

3. Are you able to have small amounts of the allergens you have ticked above?
   - Yes
   - No

4. Can you have foods which carry the warning “may contain traces of .........” or “manufactured on equipment that also processes ..........”?
   - Yes
   - No ➔ You are required to supply your own prepared meals to reheat ➔ Ticks the box in point 1

5. Please read the table below regarding additional food you might be required to supply

<table>
<thead>
<tr>
<th>Diet</th>
<th>Description of Diet</th>
<th>Guests Need to Bring</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Gluten / Wheat (Coeliac)</td>
<td>No gluten containing grains (wheat, rye, oats or barley) or their products or extracts</td>
<td>Own bread, snacks if desired</td>
</tr>
<tr>
<td>No Dairy</td>
<td>No milk, milk products or milk extracts. “So Good” soy milk is provided.</td>
<td>Own milk if “So Good” is not acceptable, snacks if desired.</td>
</tr>
<tr>
<td>Diabetic</td>
<td>Low sugar levels</td>
<td>Sugar free drinks, snacks if desired.</td>
</tr>
</tbody>
</table>

Fruit is provided for between main meal snacks. Guest may wish to supplement with their own snacks if desired.

In order for Youthworks to best serve guests it is vital that all special diet forms are returned by 4pm on the Monday two weeks prior to your stay. We regret that due to high administrative and supply costs, a surcharge of $50.00 per special diet will apply, if a form is not filled out (All of questions 1-4 completed) or if the deadline is missed.

Signed (Parent / Guardian if under 18yrs): ___________________ Print Name: ___________________ Date: __________