



CHELTENHAM EAST PRIMARY SCHOOL

YEAR 4 CAMP LADY NORTHCOTE RECREATIONAL CAMP

4th February 2019

Dear Parents

A school camp at the Lady Northcote Recreational Camp, Rowsley has been arranged for the children in Year 4 from **Monday 25 March to Wednesday 27 March 2019**.

The children will travel by bus to the camp, leaving on the Monday at 9.00am and returning by 3.00pm on Wednesday.

The children will participate in a variety of organised outdoor activities on site at Lady Northcote. Information about the camp can be found at the following website:

<http://www.camps.ymca.org.au/discover/lady-northcote.html>

Some of the activities which we will be enjoying on camp include:

- Archery
- Canoeing
- Giant Swing
- Hut Building
- Yabbing

There are many benefits of camp for the students in their primary school years, including the chance to develop their social skills and their independence.

The cost of the camp will be **\$280.00** which will cover accommodation, transport, and food. To finalise arrangements a School Camp Consent Form (attached) should be returned to school **no later than Monday 18 February**, together with the completed Medical Information form (also attached).

Regards

Julie Beaton, Josh Bourke, Jason Crebbin & Robyn Apostolopoulos
Year 4 Teachers



CHELTENHAM EAST PRIMARY SCHOOL

WHAT TO BRING

Please ensure that all items are clearly labelled with your child's full name. Teachers cannot accept responsibility for items lost or damaged during the camp.

| | | |
|--|--|--------------------------------|
| In a small day bag (such as a back pack) for the bus trip: | Packed healthy snack in a labelled bag | Packed lunch in a labelled bag |
| | Labelled drink bottle of water | Book to read |
| | Cards/activity (non-electronic game) | Pencil case |

| In a suitcase or large bag: | | |
|--|--|---|
| Bedding and linen | 1 sleeping bag | 1 pillow and pillowcase |
| | 1 single fitted sheet | 1 face washer |
| Clothing | | 1 towel |
| | 3 changes of underwear | 4 pairs of socks |
| | Pyjamas | 1 pair of jeans |
| | 2 pairs of shorts | 1 pair of other pants (eg. track pants) |
| | 3 sun-smart tops (shirts, t-shirts or long sleeved t-shirts – no singlet tops) | 1 windcheater/jumper |
| | | 1 sun hat |
| | 1 raincoat or parka | 1 pair of each of the following: Shoes suitable for walking (runners) Thongs (for showering) Shoes for canoeing (eg. reef shoes with grip) |
| Bathers/wet clothes (for canoeing, not swimming) | | |
| Toiletries | Toothbrush | Toothpaste |
| | Comb/brush | Soap in container |
| | Roll-on deodorant (no aerosols) | Sunscreen 30+ |
| | Roll-on insect repellent | Tissues |
| Other | Camera (optional) | Torch |
| | 2 large, strong plastic bags (for dirty clothes) | Non-electronic games for evening (cards, scrabble, etc) (optional) |

NO

matches jewellery (watch is fine) chewing gum aerosol cans lollies money
electronic games mobile phones personal Walkman/ipods/MP3 players

Under no circumstances are mobile phones allowed to be brought to the camp by a student. If a student is found in possession of a mobile phone, it will be confiscated immediately and returned to his/her parents/carers on return to school.

MEDICATION

- **ALL** medication must be handed to the first aid staff member on the morning of departure.
- Medication should be clearly labelled with child's name and instruction/dosage
- **NO CHILD IS TO BE IN POSSESSION OF MEDICATION. ALL MEDICATION WILL BE HELD WITH THE TEACHERS AT ALL TIMES AND ADMINISTERED AS DIRECTED BY PARENTS.** This includes medication which the child normally administers for him/herself, such as Ventolin sprays.



CHELTENHAM EAST PRIMARY SCHOOL

YEAR 4 CAMP – LADY NORTHCOTE RECREATIONAL CAMP CONSENT FORM

PLEASE NOTE – For your child to be included in the camp list, this form must be returned by **Monday 18 February 2019**, together with either payment in full, or your first instalment (see payment arrangements below).

My child _____ in Grade _____ has my permission to attend the school camp at Lady Northcote Recreational Camp, Rowsley from **Monday 25 March to Wednesday 27 March 2019**.

I agree to meet the expense of my child being returned to school either by a teacher accompanying him/her and then returning to camp or by collecting my child from camp personally. I understand that such an arrangement may be necessary due to illness, injury, or, if in the opinion of the teacher in charge, there is non co-operation of any description by my child.

In the event of illness or accident, where it is impracticable to communicate with me, I authorise the teacher in charge of the camp/excursion to consent to my child receiving such medical or surgical treatment as may be deemed necessary. An ambulance may also be employed if considered necessary by the doctor or the teacher.

All expenses so incurred to be my responsibility.

Signed _____ Date: _____
(Parent/Guardian)

✂ _____

Name: Grade:

PAYMENT ARRANGEMENTS

| | | | |
|--|-------------|--------------------------------|----------|
| Payment in full OR first payment 18 February 2019 | \$280/\$100 | Second payment 4 March 2019 | \$100.00 |
| Final Payment 18 March 2019 | \$ 80.00 | | |

Circle amount paid: Payment in full **\$280** OR Deposit: **\$100**

Method of payment: Qkr * Cheque Credit Card EFTPOS Cash

* preferred method of payment

Card no:

Expiry Date:

Name as it appears on card: _____

I authorise Cheltenham East Primary School to debit my account for the amount of \$ _____ Signature: _____

CHELTENHAM EAST PRIMARY SCHOOL No. 4754 ABN 74 562 082 313

Silver Street Cheltenham Victoria 3192 Phone 03 9583 5746

Email Cheltenham.east.ps@edumail.vic.gov.au Web www.cheltenhameast.vic.edu.au



CHELTENHAM EAST PRIMARY SCHOOL

CHELTENHAM EAST PRIMARY SCHOOL YEAR 4 CAMP- FINAL PAYMENT (due on or before Friday 18 March 2019)

Surname: _____

Student's First Name: _____ Grade: _____

TOTAL AMOUNT PAID: \$ 80.00

Method of payment: Qkr * Cheque Credit Card EFTPOS Cash

* preferred method of payment

Card no:

Expiry Date:

Name as it appears on card: _____

I authorise Cheltenham East Primary School to debit my account for the amount of \$ _____ Signature: _____



CHELTENHAM EAST PRIMARY SCHOOL YEAR 4 CAMP- SECOND PAYMENT (due on or before Friday 4 March 2019)

Surname: _____

Student's First Name: _____ Grade: _____

TOTAL AMOUNT PAID: \$100.00

Method of payment: Qkr * Cheque Credit Card EFTPOS Cash

* preferred method of payment

Card no:

Expiry Date:

Name as it appears on card: _____

I authorise Cheltenham East Primary School to debit my account for the amount of \$ _____ Signature: _____

CHELTENHAM EAST PRIMARY SCHOOL No. 4754 ABN 74 562 082 313

Silver Street Cheltenham Victoria 3192 Phone 03 9583 5746

Email Cheltenham.east.ps@edumail.vic.gov.au Web www.cheltenhameast.vic.edu.au

Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Training is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: Lady Northcote Recreational Camp
Date(s): Monday 25th March 2019 to Wednesday 27th March 2019

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Emergency telephone numbers: *After hours*

Business hours

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

Business hours

Name of family doctor: _____

Address of family doctor:

Phone number:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? Yes No If yes, ambulance number:

Is this the first time your child has been away from home? Yes No

Please tick if your child suffers any of the following:

- Asthma (if ticked complete Asthma Management Plan)
- Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
- Bed wetting Blackouts Diabetes Dizzy spells Migraine
- Heart condition Sleepwalking Travel sickness Fits of any type
- Other: _____

Swimming ability

Please tick the distance your child can swim comfortably.

- Cannot swim (0m) Weak swimmer (<50m) Fair swimmer (50-100m)
 Competent swimmer (100-200m) Strong (200m+)

Allergies

Please tick if your child is allergic to any of the following:

Penicillin Other Drugs: _____

Foods: _____

Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____
 (Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above) _____

Date: _____

The Department of Education and Training requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program starts.