



Grade 4 Camp Notice

Assalamualaikum wr. wb.

Dear Parents/Guardians,

We are excited to announce that our Grade 4 Camp is on **Monday 18th – Wednesday 20th March**. We will be accommodated at Camp Sunnystones, Bacchus Marsh.

Grade 4 staff members will accompany the children on the camp. Fully qualified camp staff will run some of the following activities.

- The camp includes:
- bunk rooms and toilet facilities
 - tents
 - halal meals
 - archery
 - ropes course
 - bushwalking
 - damper making
 - initiatives course
 - bouldering wall
 - geocaching
 - playground
 - and much more!

This camp forms an integral part of the Grade 4 year. The children participate in many pre-camp activities and studies which are followed up at the camp and when we return to school. We believe that a positive camping experience adds a further dimension to the education of children by providing opportunities to:

- enjoy and learn from new experiences and apply school values
- develop an awareness of the need of independence while building positive relationships
- provide an extension of the classroom where children may become more aware of, observe and talk about our changing environment
- acquire proficiency in skills associated with camping and the outdoor environment

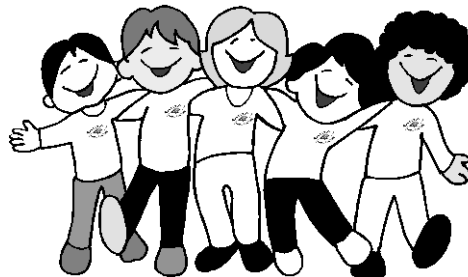
With this in mind, we would like every child to attend the Grade 4 camp if possible. The camp fees are inclusive in the school fees. You do NOT have to make an additional payment.

Camp consent and medical forms must be returned to your child's classroom teacher by **Monday 25th February**.

If you have further queries, please contact your child's class teacher.

Kind Regards,

Mr Colin McDonnell
Year 4 Team Leader





Grade 4 Camp Consent Form

18th-20th March 2019

The Consent Form & Medical Form must be submitted to your child's homegroup teacher by Monday 25st February 2019. Thank you for your vigilance in this matter.

Child's Name : _____ Grade : _____

Junior Year 4 Camp: Camp Sunnystones, 18th-20st of March 2019.

I give permission

I do NOT give permission

for my child, (*insert name/s here*) _____ Grade _____
to attend the above indicated camp. I fully understand the nature of the camp and consent to allow my child to participate in all activities facilitated as part of the camp and will indicate in writing on the medical form of any concerns I have in relation to the camp.

I acknowledge that during camp, acceptable standards of behaviour will be expected of the students. I understand that in the event of my child's serious misbehaviour during the camp, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

I agree to meet the expenses of my child being found using or in possession of harmful substances forbidden by law, or behaving in a manner deemed as being a safety risk to others, I accept responsibility for removing or arranging to remove him/her from the school camp after notification by the teacher in charge.

I have read all of the information provided by the school in relation to the above camp, including any attached materials. I authorise the teacher in charge to consent, where it is impractical to communicate with me, to the child receiving such medical treatment as may deemed necessary.

Signature of parent/guardian: _____ Parent Name: _____

Emergency Contact Details: (Name) _____ Phone number: _____

Relationship: _____ Date: _____

What to pack to camp...

All personal items should be clearly marked with the student's name.
Please note electronic devices, confectionary, junk food, energy drinks brought to camp will be confiscated.

<p>Prayers</p> <ul style="list-style-type: none"> • Prayer Mat – A MUST! • Sewak/Miswak <p>Sleeping</p> <ul style="list-style-type: none"> • Sleeping Bag or Blankets/Sheets-A MUST! • PILLOW- A MUST! • PYJAMAS <p>Personal Items</p> <ul style="list-style-type: none"> • 3 x towels • Brush or Comb • Hair Shampoo • Thongs e.g. for wudu or showering • Insect repellent • Toothbrush and toothpaste • Tissues • Soap • Sunscreen- A MUST! • Medications – give to the teacher personally 	<p>Day Wear</p> <ul style="list-style-type: none"> • Runners – A MUST! – Old runners that can get wet • 2 x Tracksuit Pants • 3 x Shirts Boys - Kameez optional • 2 x long sleeve Shirts for Girls • 1 x Jumper • Raincoat/Poncho - A MUST! • 2 X Shorts for boys (over knee length) - A MUST! • 3 x Slip on Hijabs for girls -A MUST! • 3 X Socks • 4 X Underwear • Hat -A MUST! • Beanie – Optional <p>Other</p> <ul style="list-style-type: none"> • Torch • Plastic bag for laundry • Drink bottle • Small backpack
--	--

Do NOT over pack! Prepare your items early and don't leave them until the last minute.



CAMP MEDICAL/DIETARY FORM

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on camps, sports and all outdoor adventure activities.

A copy of each student's form must be taken on the camp/excursion.

The information collected will be held at your child's school/camp and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Student's Name: Date of Birth: Sex: M F
Parent/Guardian:
Address:
Contact Telephone - Business Hours:..... After Hours..... Mobile:
Other Contact for Emergency: Telephone No:
Name of Student's Doctor: Telephone No:
Medicare No: Private Health Fund: Membership Number.....
Ambulance Fund:.....NOTE: Parents are responsible for ambulance costs

Please tick if your child suffers any of the following:

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other - | | | | |

If you have ticked any of the boxes above an Emergency Action/Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Action/Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion.....

Is the student presently taking any medication? Yes No

If YES, please state name of medication, dosage, etc:.....

Does the student require specific dietary needs? i.e. Gluten free, vegetarian etc. Yes No

If YES, please provide information regarding the specific dietary requirements.

.....

Please provide any other additional information which may further assist staff during camp, i.e. Bed wetting, sleep walking etc.

.....

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief? Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

.....

Is there any other information, which you believe may help us to provide the best possible care?

.....

Consent to medical attention. In the case of my child requiring medical treatment on camp or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency action/treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: Parent/Carer Date:

