Dear Parents,

Please find attached further information regarding our camp, as well as a clothing list, medical form and behaviour agreement.

**Medication**
Please complete the medical form and return to school with your child by **Friday, June 27**. All medication needs to be clearly labelled with child’s name and dosage. Please hand this medication to your child’s teacher on the morning of camp. **Students who have an asthma puffer or Epipen need to keep these with them at all times. Please inform your child’s teacher if your child has one of these.**

**Clothing & personal belongings**
The clothing list should be put in a safe place and parents and students need to take particular note of items **NOT** to bring on camp. It would also be useful to spend some time selecting comfortable, appropriate shoes and clothing. Please clearly **label all belongings** so they can be returned to their owner if misplaced and found.

- Please ensure your child has a pillow, pillowslip and sleeping bag (not attached to luggage).
- Due to space restrictions on the bus, luggage must be a soft sports bag. **SUITCASES ARE NOT ALLOWED.**
- It is extremely important that all children have their own **refillable drink bottle** that is clearly labelled. This will be used everyday for drinks.

**Expectations**
*To ensure that camp is a safe and enjoyable experience for all, it is essential that all students behave appropriately. We will be discussing this with students and we would appreciate if parents could spend some time reinforcing this with their child. Discussions should include the importance of **following instructions carefully, being cooperative and respectful and dealing with issues appropriately.** Please read and discuss the Behaviour Agreement with your child and return it completed, along with the medical form.*

If you have any further questions regarding camp please do not hesitate to ask your child's teacher or contact me direct.

KATHRYN POLLOCK
YEAR 3/4 TEAM LEADER

PHIL CLINKABERRY
PRINCIPAL
The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical 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 is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Class</td>
<td></td>
</tr>
<tr>
<td>Parents’ Address</td>
<td></td>
</tr>
<tr>
<td>Contact Numbers:</td>
<td>Business Hours:</td>
</tr>
<tr>
<td></td>
<td>After Hours:</td>
</tr>
<tr>
<td>Name of Family Doctor:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Family Doctor:</td>
<td></td>
</tr>
<tr>
<td>Medicare Number:</td>
<td>Person Number:</td>
</tr>
<tr>
<td>Medical/Hospital/Private Insurance Fund:</td>
<td>Member Number:</td>
</tr>
<tr>
<td>Ambulance Subscription:</td>
<td>YES / NO (circle one)</td>
</tr>
</tbody>
</table>

**PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:**

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Wetting</td>
<td>Blackout</td>
</tr>
<tr>
<td>Fits of any type</td>
<td>Migraine</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>Travel Sickness</td>
</tr>
<tr>
<td>Dizzy Spells</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Sleepwalking</td>
<td>Asthma (IF YES, MUST ATTACH ASTHMA MANAGEMENT PLAN)</td>
</tr>
<tr>
<td>Other (please list):</td>
<td></td>
</tr>
</tbody>
</table>

**ALLERGIES TO:** (Please tick and list any other information required)

<table>
<thead>
<tr>
<th>Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin</td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Foods</td>
<td></td>
</tr>
</tbody>
</table>

What special care is recommended for your child's allergies?

**MEDICATIONS**

**IS YOUR CHILD PRESENTLY TAKING TABLETS AND/OR MEDICINE?**

**DOES YOUR CHILD HAVE AN EPIPEN? (IF YES – MUST ATTACH ACTION PLAN)**

If YES, Please state name of medication, dosage, etc:

If your child is experiencing headache or temperature, do you consent to one dose of child Panadol (if more than one dose is required parents will be notified/medical attention sought).

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)).

****A booster is to be arranged by parents before camp (if more than 10 years from immunisation)****

Is this the first time your child has been away from home?

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.

**PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICATION WHILST ON SCHOOL CAMP – APART FROM ASTHMA PUFFERS & EPIPENS**

**PLEASE SIGN THIS STATEMENT, AS IT IS A REQUIREMENT OF THE DEPARTMENT FOR ALL CHILDREN ATTENDING SCHOOL CAMPS OR EXCURSIONS.**

I give permission for my child ___________________________ to attend Lady Northcote Camp, July 21 to July 23, 2014.

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 such medical or surgical attention as may be deemed necessary by a medical practitioner and administer such first-aid as the teacher in charge may judge to be reasonably necessary.

**SIGNATURE OF PARENT/GUARDIAN:________________________ DATE: _____/ _____/2014**
SUGGESTED CLOTHING FOR LADY NORTHCOTE CAMP
2014

- Four (4) changes of appropriate clothes (not good clothes) (including underwear). eg. T-shirts (must cover waist - no tank tops/singlets), at least one track suit (or warm outfit), windcheater etc.
- 2 pairs of runners/shoes (1 pair will be for water activities and will get wet) (NO THONGS)
- Sun-smart hat (Must be wide brimmed/legionnaires)
- Pyjamas
- Sleeping bag
- Pillow and pillow case
- 4 pairs of socks
- 2 Large towels (one for water activities) and face washer
- Toiletries (toothbrush/paste, deodorant (roll-on only), soap, hair bands for long hair, shampoo, comb, brush etc)
- Three (3) handkerchiefs (not tissues)
- Plastic bag for dirty clothing
- Small board game or pack of cards
- Plastic drink bottle (ESSENTIAL)
- Sunscreen (ESSENTIAL)
- Light weight, water-proof raincoat with a hood

OPTIONAL EXTRAS
- Insect Repellent (ROLL ON ONLY)
- Sunglasses
- Watch
- Camera
- Torch

MEDICATION
All medication to be clearly labelled (dosage etc. to be written on bottles) and handed to classroom teacher on the day of departure.

ITEMS NOT TO BRING TO CAMP
Extra snack foods / lollies / chewing gum, mini TV sets, Mobile Phones, DS (games), Ipods, MP3 players, jewellery and other valuable items.

NOTE:
- A snack and lunch is required on the first day; please do not include glass drink containers. Please pack separately to luggage.
- Teachers and parents attending the Camp are NOT responsible for valuables.
- All items should be housed in one piece of soft luggage plus a sleeping bag and pillow.
- ALL CLOTHING/LUGGAGE to be labelled with child’s name (even towels/underwear!)
Dear Parents and Guardians,

Shortly we will be taking your child away on camp – an experience that we are all looking forward to - it will be a time to teach and learn in a different setting and a time to foster and extend friendships between your child’s peers and staff.

As part of the preparation for camp we will be:

- **Discussing the content of our Student Engagement Policy with the children and reminding them of their rights and responsibilities whilst away from the school and their homes.**

The following information, which is taken directly from the Killara Camps and Excursions Booklet, will also be discussed. We would appreciate it if you could talk about these issues with your child and sign the form below indicating that you are aware of our expectations of children whilst they are away on Camp. **Please return the slip as soon as possible so that it can be attached to your original permission slip.**

__________________________________________________________________________________________________________________________

**Student behaviour and discipline**

Students and their parents/guardians need to be made aware that an acceptable standard of behaviour is expected during camp.

Any disciplinary measures applying to students on camp will be consistent with the Killara Primary School Student Engagement Policy.

**In extreme cases,** the staff at camp, **following consultation** with and the approval of the School Principal, may determine that a student should return home during this camp.

In such circumstances, the parent/guardian will be advised immediately of the:
- Circumstances associated with the decision to send the student home
- Time when the parent/guardian may collect their child from the camp venue

Please note, that in signing this memorandum of understanding, you understand and consent to being available to pick up your child in the event of serious misbehaviour whilst on camp.

__________________________________________________________________________________________________________________________

**MEMORANDUM OF UNDERSTANDING – BEHAVIOUR DURING CAMPS**

I ________________________(parent’s name) have discussed the information related to behaviour expectations during this camp with my child, _____________________________ (child’s name).

I understand and accept that I will be contacted and asked to collect my child from camp in the event of her/him being responsible for and/or involved in any serious misbehaviour during this camp.

Signed: _____________________________ (PARENT/GUARDIAN) DATE _____/____/2014