



# KILLARA PRIMARY SCHOOL

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## YEAR 3/4 CAMP 2017 – CAMP WILKIN Monday September 4<sup>th</sup> to Wednesday September 6<sup>th</sup> 2017

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 attached forms and return to school by **THURSDAY 17<sup>TH</sup> AUGUST**. Your final payment is due by **TUESDAY 22<sup>ND</sup> AUGUST**. All medication needs to be clearly labelled with your child's name and the dosage required including how often to take the medication. Please hand this medication to the First Aid Coordinator (Emma Heywood) 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 attached should be put in a safe place and parents and students need to take particular note of the 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, pillowcase 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 every day 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 by THURSDAY 17<sup>TH</sup> AUGUST.**

### Departure from school on MONDAY SEPTEMBER 4<sup>th</sup>

Please note that this year, our camp will depart the school at 9:00am. Students must arrive at school by 8:30am for the marking of rolls and the loading of luggage into the buses.

### Arrival back at school on WEDNESDAY SEPTEMBER 6<sup>th</sup>

Students will arrive back at school at approximately 3:30pm.

If you have any further questions regarding camp please do not hesitate to ask your child's teacher or the camp coordinators (Robyn Smith and Lauren McShanag)

Year 3/4 Team

Pete Hansen  
Acting Principal



## SUGGESTED CLOTHING FOR CAMP WILKIN 2017

### ESSENTIAL ITEMS (MUST BE BROUGHT!)

- ✓ Four (4) changes of appropriate clothes (not good clothes)  
For example – T-shirts (must cover waist – no singlets), full-length track suits (or warm pants), jumpers, etc. including underwear and socks
- ✓ At least 2 pairs of full-length pants such as tracksuit pants.
- ✓ Board shorts/shorts/track suits for night time wear
- ✓ 2 pairs of runners **NO THONGS**
- ✓ 5 pairs of socks
- ✓ Pyjamas
- ✓ Sleeping bag
- ✓ Pillow and pillow case
- ✓ 1 large towel
- ✓ Face washer
- ✓ Toiletries including: toothbrush and paste, deodorant (roll-on **ONLY**), soap, hair bands for long hair, shampoo and conditioner, comb, brush, etc.
- ✓ Small pack of tissues
- ✓ 2 plastic bags for dirty clothing
- ✓ Plastic drink bottle
- ✓ Sunscreen
- ✓ Water-proof raincoat with a hood
- ✓ Torch

### OPTIONAL ITEMS (CAN BE BROUGHT!)

- ✓ Beanie
- ✓ Insect repellent (roll-on **ONLY**)
- ✓ Sunglasses
- ✓ Camera
- ✓ Small board game or pack of cards

**Any electronic devices that are brought to camp for taking photos (digital cameras, iPods etc.) are at your own risk. Teachers and parents attending the camp are NOT responsible for valuables.**

**ALL ITEMS need to be labelled with your child's name (even towels and underwear!)**

### ITEMS NOT TO BRING TO CAMP

Any extra snack foods, lollies, chewing gum, as well as mobile phones, handheld electronic games, etc. will be confiscated.

### MEDICATION

- All medication is to be clearly labelled with **STUDENTS' NAME, DOSAGE AND HOW/WHEN** it is to be given to the child. The medication must be handed to the First Aid Coordinator (Emma Heywood) on the day of departure and should be picked up when we return.
- It is strongly recommended that students with **EPIPENS** or **ASTHMA PUFFERS** have a bum bag so the medication can be with them at all times and there is no risk of it being lost out of pockets.

### PLEASE NOTE

- **A snack and lunch is required on the first day**; please do not include glass drink containers. **Please pack separately to luggage**, in a labelled plastic bag.
- All items should be housed in one piece of soft luggage plus a sleeping bag and pillow as additional.



**KILLARA PRIMARY SCHOOL  
CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS**

**This report is compiled to assist us in case of any eventuality with the children.  
All information is held in confidence, and these forms are destroyed after the camp.  
Please complete and return as soon as possible.**

|   |                       |                          |  |
|---|-----------------------|--------------------------|--|
| Child's Name:                                 |                       |                          |  |
| Classroom Teacher:                            |                       |                          |  |
| Parents' Address:                             |                       |                          |  |
| Contact Numbers:                              | Business Hours:       |                          |  |
|   | After Hours:          |                          |  |
| Name of Family Doctor:                        |                       |                          |  |
| Phone Number of Family Doctor:                |                       |                          |  |
| Medicare Number:                              |                       | Person/Reference Number: |  |
| Medical/Hospital/Private Insurance Fund Name: |                       | Member Number:           |  |
| Ambulance Subscription:                       | YES / NO (circle one) | Member Number:           |  |

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

|                  |                          |
|------------------|--------------------------|
| Bed Wetting      | <input type="checkbox"/> |
| Fits of any type | <input type="checkbox"/> |
| Heart Condition  | <input type="checkbox"/> |
| Dizzy Spells     | <input type="checkbox"/> |
| Sleepwalking     | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| Blackout   | <input type="checkbox"/> |
| Migraine   | <input type="checkbox"/> |
| Travel Sickness  | <input type="checkbox"/> |
| Diabetes   | <input type="checkbox"/> |
| Asthma – <b>MUST ATTACH CURRENT ASTHMA MANAGEMENT PLAN</b> | <input type="checkbox"/> |

|  |
|--|
| Other (please list):<br><br><br><br><br><br><br><br><br><br> |
|--|

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

|  |                          |  |
|--|--------------------------|--|
| Penicillin:  | <input type="checkbox"/> |  |
| Drugs:   | <input type="checkbox"/> |  |
| Other:   | <input type="checkbox"/> |  |
| Foods:   | <input type="checkbox"/> |  |
| What special care, if any, is recommended for your child's allergies? (Attach a separate page if required) |                          |  |

**MEDICATION:**

|  |                       |
|--|-----------------------|
| IS YOUR CHILD PRESENTLY TAKING TABLETS AND/OR MEDICINE?  | YES / NO (circle one) |
| DOES YOUR CHILD HAVE AN EPIPEN? (IF YES – MUST ATTACH CURRENT ACTION PLAN)   | YES / NO (circle one) |
| If YES, please state name of any medication (including preventative medication), dosage, etc:  |                       |
|  |                       |
| If your child is experiencing headache or temperature, do you consent to one dose of Panadol relevant to their age being given to them? (If more than one dose is required parents will be notified/medical attention sought). | YES / NO (circle one) |
| My child's last tetanus immunisation was:<br>**** A booster is to be arranged by parents before camp if last immunisation was more than 10 years ago****   | 20__                  |
| Is this the first time your child has been away from home?   | YES / NO (circle one) |

ALL MEDICINES, WITH NAME, DOSE AND FREQUENCY, MUST BE HANDED TO THE CLASSROOM TEACHER PRIOR TO LEAVING FOR CAMP (These will be kept in the First Aid room at camp and distributed as required).

**PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILST ON SCHOOL CAMP – WITH THE EXCEPTION OF 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 Camp Wilkin from September 4<sup>th</sup> to September 6<sup>th</sup> 2017.

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:** \_\_\_\_/\_\_\_\_/2017



**MEMORANDUM OF UNDERSTANDING BEHAVIOUR EXPECTATIONS DURING  
YEAR 3/4 CAMP 2017**

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 by THURSDAY 17<sup>TH</sup> AUGUST so that it can be attached to your original permission slip.**

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**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
- A 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 from Camp Wilkin in the event of serious misbehaviour whilst on camp.

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**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 \_\_\_\_/\_\_\_\_/2017