



YEAR 1/2 SCHOOL SLEEPOVER 2021

Dear Parents,

This year, a very exciting event has been organised for our year 1/2 students. In Term 3 we will be having a School Sleepover! This unique experience is a wonderful opportunity for our students to show independence and have a taste of 'school camp' in an environment that they are very familiar and comfortable with. It is also an opportunity to make special memories with their peers and teachers.

When:

Thursday 2nd September 2021

Students will be picked up as usual after school on Thursday 2nd September and then dropped back to the main building at **5:00pm**. The following day (Friday), students will be picked up as normal at **3:30pm**.

Cost:

The cost of the sleepover will be **\$17.00** per student. This cost includes Thursday dinner as well as breakfast, snack and lunch on Friday. It also includes a night time incursion for our students.

Itinerary: Students will eat dinner together and participate in a team building incursion before sleeping over in the main building. Friday will start with breakfast together before a tabloid sports and activities day. A more detailed itinerary will be provided closer to the date.

What to bring:

An itemised list will be provided closer to the date.

Parent helpers:

We will be requiring a small number of parent helpers to assist staff in running the Sleepover. If you are interested please fill out the expression of interest on the following page.

Payment and permission:

Full payment for the School Sleepover must be received at the office by Monday 9th August. If you have a CSEF balance, this can be used towards this excursion. Alternately, if you wish to pay in instalments please contact the office. Please fill out the attached permission and medical forms and return to school by Monday 9th August.

We understand that for many of our students this may be their first night sleeping away from their parents. We aim to make the experience as fun and supportive as possible. If you have any questions or concerns, please don't hesitate to contact your child's teacher.

Sincerely,

Year 1/2 Team

Sue Muir
Acting Principal

Year 1/2 School Sleepover 2021

I give permission for my child _____ of room _____ to attend the Year 1/2 School Sleepover on **Thursday 2nd September 2021**. The cost for this excursion is **\$17.00**.

Where accident or injury occurs, I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. (NB. The school does not provide accident insurance cover for students. Parents are advised to seek cover, if desired)

Please find enclosed a payment of \$17.00.

☐ QKR – receipt number: _____

☐ Direct Deposit – date deposited: _____

☐ Cash Enclosed

☐ Take from CSEF payment (For those families who have received this allowance)

Parent/Guardian Signature:

.....

Emergency contact number for the School Sleepover:

.....

Year 1/2 School Sleepover EXPRESSION OF INTEREST - PARENT HELPERS' FORM (optional)

Name of Parent:.....

Contact phone number:.....

Name of Student: Room Number.....

- ☐ I am able to assist at the School Sleepover and spend the night at Killara.
- ☐ I have a current Working with Children Check or am willing to get a Working with Children Check prior to the School Sleepover
- ☐ I have attended a Child Safe Induction Session or will attend prior to attending the School Sleepover.

KILLARA PRIMARY SCHOOL: STUDENT EMERGENCY CONTACT AND MEDICAL DETAILS

This confidential health form asks for personal information about your child and others that provide care for your child. All staff at Killara Primary School and the Department of Education and Training are required by law to protect the information provided by this medical report.

This health information is asked for so that the school staff can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at camp, any known allergies and contact details of your child's doctor. We depend on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Child's Full Name _____

Date of Birth ____ / ____ / ____ Grade _____

Parent's / Guardian's Full Name _____

Address _____
Postcode _____

Emergency Telephone _____ After Hours _____

Mobile _____ Business Hours _____

Name and Address of Family Doctor _____

Doctors Phone No _____ Medicare No _____

Health Insurance Fund YES / NO Member No _____

Ambulance Subscription YES / NO Subscription No _____

Please tick if your child suffers any of the following:

- | | | |
|----------------|--------------------|-------------------|
| - Bed wetting | - Fits of any type | - Heart condition |
| - Dizzy spells | - Sleep walking | - Asthma |
| - Blackouts | - Migraine | - Travel sickness |
| - Diabetes | - Epilepsy | - Other(specify) |

Dietary Requirements

Please tick any that apply:

- ☐ Gluten Free
☐ Vegetarian
☐ Vegan

Allergies (specify)

Anaphylaxis (specify)

Other (specify)

Anaphylaxis / Allergies to:

- Penicillin - Any foods - Other allergies - Other drugs

Please Specify _____

Medication information

Please complete if the student is currently taking medication and will need to take that medication on this excursion.

NAME OF MEDICATION (e.g. Ventolin/Epipen)	METHOD (e.g. puffer held by student)	WHEN & HOW MUCH (e.g. 2 puffs when required)

Tetanus Immunisation

Last tetanus immunisation was _____. If over ten years since last immunisation, please tick if booster is to be arranged by parents before the sleepover [] Booster date _____

(Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT])

Tablets and Medicines

Is your child presently taking tablets and / or medicine? YES / NO

If YES – Please complete the Medication Authority Form - Camps and give it to the First Aid officer along with all medication on the morning of the sleepover. **Please do not allow children to be in possession of any medicine while at the school sleepover.**

Previous Experience

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

YES / NO

Consent to Medical Attention

I authorise the teacher in charge of the School Sleepover to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed _____ Date _____

1/2 Sleepover Menu

Please tick the options from the menu below for your child to eat during the 1/2 sleepover. Please note that all dietary requirements outlined on the medical form will be met. For many students, this is an excellent opportunity to demonstrate confidence and maybe even try something that they don't usually eat!

Child's Name..... Room Number.....

Thursday Dinner (please select one food item and one drink)	<div style="margin-left: 20px;"> <input type="checkbox"/> Sausage in bread <input type="checkbox"/> Gluten free sausage in bread <input type="checkbox"/> Vegetarian option <input type="checkbox"/> Apple juice <input type="checkbox"/> Orange juice </div> <p style="margin-top: 20px;">*A small treat will be available to all students after dinner.</p>
Thursday Supper	<p>*Hot chocolate and a biscuit will be available to all students in the evening.</p>
Friday Breakfast (please select one option)	<div style="margin-left: 20px;"> <input type="checkbox"/> Rice bubbles with milk <input type="checkbox"/> Weetbix with milk <input type="checkbox"/> Cornflakes with milk <input type="checkbox"/> Toast (butter, vegemite or jam) </div> <p style="margin-top: 20px;">*Milk and fruit will be available to all students with their breakfast.</p>
Friday Snack	<p>*Fruit and a muffin will be provided to all students.</p>
Friday Lunch (please select one sandwich option and one drink option)	<div style="margin-left: 20px;"> <input type="checkbox"/> Ham and cheese sandwich <input type="checkbox"/> Cheese and lettuce sandwich <input type="checkbox"/> Vegemite sandwich <input type="checkbox"/> Orange Juice <input type="checkbox"/> Apple Juice </div> <p style="margin-top: 20px;">*A small treat will be available to all students after lunch.</p>

Please return this form along with the permission and medical note by the 9th August 2021