

Craigieburn Primary School

87-91 Grand Boulevard
P.O. Box 88, Craigieburn 3064.
Tel: 9308 1228 Fax: 9305 5694
Email: craigieburn.ps@edumail.vic.gov.au



Principal: David Naismith
Assistant Principal: Pam Gouramanis
Assistant Principal: Jim Beattie
Business Manager: Sheryl Zugaro

17/10/18

GENERAL INFORMATION for the Grade 3 & 4 Camp

Dear Parents,

The 2018 Grade 3 & 4 CAMP will take place from Monday November 19th to Wednesday November 21st at Mt Evelyn YMCA Camp, Mt Evelyn. Children need to be at school by 9.00 am on Monday November 19th. The bus will arrive back at the school between 2.45 & 3.15 pm on the final day of the camp.

Final Payment: Please note that your final payment for the camp is due no later than **Friday November 9th.** A reminder letter has been sent home last term indicating how much is still owed. Please contact the school if you have not received a reminder.

Transport: Children will be transported to and from the venues by buses or the designated cars for the Camp. In all cases the designated car will be covered by comprehensive insurance, have indemnity to the crown and have a fitted seat belt for each occupant.

Emergency Contact: If you need to contact your child in case of an emergency phone the school during school hours (9308 1228). After hours contact David Naismith 0409 344 121.

What To Bring: A list of items required is attached to this notice. Please ensure they are clearly labeled.

Confidential Medical Report: Attached is a Medical Form to provide us with important information concerning your child, as well as details regarding medication or special treatment, which may be required. At the conclusion of the camp these forms are destroyed.

Student Behaviour Declaration: Attached is Student Behaviour Form which must be signed by the child and their parent. Please read the form with your child and discuss it with them.

Camp Activities:

Each camp-site and venue visited have a number of facilities which if in good condition, may be used by the children. All venues and equipment will be thoroughly checked by staff, and only used under strict supervision. Any safety precautions will be taken if necessary.

Activities which may be included on the Camp are low ropes, giant swing, orienteering, initiative activities, etc

Could you please return the Permission Form, Student Behaviour Declaration Form and Medical Form by 9.00 AM Friday October 26th.

Yours sincerely,

A handwritten signature in blue ink that reads 'J. Beattie'.

Jim Beattie
Camp Co-ordinator.

WHAT TO BRING

PLEASE ENSURE ALL ITEMS ARE CLEARLY NAMED

WRITING MATERIALS

Pen or Pencil

TOILETRIES

Toothbrush & Toothpaste
Soap (in soap holder)
Face washer
Shampoo (if required)
Sunblock
Insect Repellent (For Mosquitoes)
Garbage bag for soiled clothes

EXTRAS

Children need to bring a plastic bottle, to be replenished regularly with water while on camp.

CLOTHING

All weather coat/jacket
Tracksuit
Runners
Solid footwear (for Bushwalking)
Thongs (for showers)
Adequate casual clothing for 4 days
3 Towels
Jumper / Windcheater
Underwear
Pyjamas
Shorts

SUN HAT & SUNSCREEN

OPTIONAL:

Torch - Camera - Watch (No responsibility taken)
NO jewellery (Sleepers & Studs excepted) **NO MOBILE TELEPHONES**

POCKET MONEY: “Please Note” Children are not to bring pocket money with them on Camp.

BEDDING: The children need to supply a pillow, pillow-case and Sleeping Bag.

No extra food to be packed in suitcases.

Children need to provide their own play lunch, plastic bottle with drink and lunch on the first day. Please pack this in a separate bag that the children will be able to take with them on the bus.

DEPARTURE INFORMATION

Children need to assemble in **the Multipurpose Room prior to 8.45 a.m.** on the day of departure. Buses will arrive & depart from the school carpark. Please leave bags in the marked area before entering the room to have your names marked off.

If you have medicine that your child needs to take on Camp, this needs to be in a clearly labeled container with information about when your child needs to take it and what dosage is required. A staff member will be in **Multipurpose Room** to collect these after 8.30 on the day of departure.

PERMISSION FORM

2018 GRADE 3 & 4 CAMP

I give permission for my child _____ Grade _____ to attend the 2018 Grade 3 & 4 CAMP from 19/11/18 to 21/11/18 at Mt Evelyn YMCA Camp, Mt Evelyn.

I give permission for my child to travel in the buses or the designated vehicles, to and from the venue or for any other reason deemed necessary by the teacher in charge.

I agree to my child participating in the activities at the School Camp.

If you have any concerns about the activities please list them below.

I give permission for my child's photograph to be displayed in the school Newsletter or for promotional purposes at Mt Evelyn.

I authorise the teacher in charge of the Camp to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical attention as deemed necessary.

Parent's Signature: _____ Date: _____

CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS

This report is compiled to assist us with the care of your children during the camp / sleepover. All information is held in confidence, and these forms will be destroyed after the camp. We ask parents to note the following requests and abide by them.

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

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

2. All medicines must be handed to teacher in charge prior to leaving for camp, with your child's name, the dose to be taken, and when it should be taken. (A teacher will dispense the medication as required)

PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILST AT CAMP

CHILD'S NAME..... GRADE DATE OF BIRTH

ADDRESS..... HOME TELEPHONE

PARENT CONTACT NUMBERS:

Name: B/Hours..... Mobile

Name: B/Hours..... Mobile

EMERGENCY CONTACT (Not Parents) Name: Telephone:

MEDICARE No..... AMBULANCE FUND: YES / NO

MEDICAL/HOSPITAL INSURANCE FUND..... NO.

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING

- | | | |
|--------------|------------------|-----------------|
| Bed Wetting | Fits of any type | Heart condition |
| Dizzy spells | Sleepwalking | Asthma |
| Blackouts | Migraine | Travel sickness |
| Other..... | | |

ALLERGIES TO: Penicillin Any foods Drugs

Others.....

WHAT SPECIAL DIET REQUIREMENTS DOES YOUR CHILD HAVE?

.....

WHAT SPECIAL CARE IS RECOMMENDED?

IS THIS THE FIRST TIME THE CHILD HAS BEEN AWAY FROM HOME? YES / NO

Parent Signature: _____ Date : _____

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MT EVELYN CAMP GRADE 3 & 4 MONDAY NOVEMBER 19TH – WEDNESDAY NOVEMBER 21ST STUDENT BEHAVIOUR DECLARATION

I _____ hereby declare that I will be on my best behaviour and that I am fully committed to my participation in the 3 day camp to Mt Evelyn. Whilst on camp I will uphold our school values, Respect, Friendliness, Cooperation, Integrity, Optimism and Responsibility. I will follow all camp rules and instructions given to me by camp personal, teachers and parents who have given up their time to make this a memorable camp.

- I promise to listen to the camp instructor and teachers when participating in camp activities.
- I will obey all camp rules.
- I acknowledge that school rules still apply when on camp.
- I will respect others privacy.
- I will show respect at all times.
- I will take responsibility for my actions and any consequence this may bring.

I understand that if I misbehave I will have a time out to reflect on my actions. If my poor behaviour continues then more severe consequences will occur which may include being excluded from an activity or my parents being informed and asked to come and collect me from the camp.

Student's signature _____ Grade _____

Parent's signature _____