Dear Parents/Guardians,

Thank-you for your interest and quick response in providing permission notices and payments, for your child to attend the Anglesea Recreation Camp.

The preparation for camp is well underway. During Term 3, students will be learning about the exciting Camp activities, their responsibilities and duties while on Camp and what it takes to be a successful Camper. They will also be selecting friends who they would like to share a room with.

As part of the organisation for Camp, there are a number of forms that need to be completed. Please read the following information carefully and return all forms to your child’s classroom teacher on or before, **Friday 26th of July**.

**MEDICAL FORMS**

Attached is a Medical Form that must be completed. Please ensure all sections are completed carefully and returned to school on or before, **Friday 26th of July**.

*Note: If you child suffers from Asthma, please make sure you have provided the school with an up-to-date Asthma Management Plan (extra copies can be collected from the office).*

All medications for Camp, will need to be given to Belinda Gill, **by 8.45 on the morning of Camp 1** and Chrissie Van Nieuwkuyk, **on the morning of Camp 2**. Belinda and Chrissie will be in the Gym waiting to collect your child’s medication.

**INFORMATION SESSION**

There will be an Information Session held on **Monday 29th of July**, at 5.30pm. (More information to follow) You will be able to view photos of the Camp, find out more information and meet the 3/4 teachers.

**CAMP PAYMENTS**

Please disregard this section if you have already paid in full - **$256.00**

The second Camp instalment of $100.00 is due on or before **Friday 19th of July**. The final payment of $56.00 will be due on or before **Friday the 9th of August**. If you would prefer to pay the amount of $156.00 in full, (the second and final instalment), you are welcome to do so.

**PARENT HELPERS**

Thank you to all of the parents, that put in an expression of interest offering to attend this year’s 3/4 ‘s camp. Parents will be notified, as to whether or not they have been selected to attend camp by the end of July.

**SPECIAL DIETARY REQUIREMENTS**

It is imperative that we are aware of your child’s special dietary requirements. Please complete the attached form and return this to school on or before, **Friday 26th of July**. We will then contact the staff at the Anglesea Recreation Camp, who will ensure they make provision for your child’s dietary needs.

If you have any questions or concerns, please do not hesitate in contacting your child’s classroom teacher.

Many thanks,

*Jamie Peters*  
(On behalf of the Year 3/4 Team)
This report is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Child’s Name __________________________________ Date of Birth ____ / ____ / ____ School Year____

Parent/Guardian’s Full Name ______________________________________________________________
Address _________________________________________________________________ Postcode ______

Emergency Telephone Business Hours _____________________ Mobile ______________________
After Hours _____________________ Mobile ______________________

Name and Address of Family Doctor ____________________________ Phone No ____________________

Medicare No___________________ Insurance Fund __________________ Contribution No __________

Please tick if your 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 ❑ Other drugs ❑ Other allergies

What special care is recommended? __________________________________________________________

Please indicate if your child is taking any medication or has any medical condition that we should be aware of.

Anaphylaxis Yes No If yes – does your child have an epi-pen at school? Yes /No (Circle)

If yes - My Child is Allergic to (Please specify) _________________________________________________________

Asthma Yes No If yes – does your child require medication? Yes /No (Circle)

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 camp. • Booster Date _____ / _____ / _____

Tablets and Medicines
Is your child presently taking any tablets and/or medicine? Yes /No (Circle)
If YES please state name of medication, dosage etc. ____________________________________________

All medicines must be handed to the teacher in charge prior to leaving, with your child’s name, dose to be taken and when in should be taken. (These will be kept in the First Aid centre and distributed as required). Please do not allow children to be in possession of any medicine while on the Camp or Excursion.

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 Camp/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.

Signed ___________________________________________________________ Date: _____ / _____ / _____

The Department of Education requires this consent to be signed for all children attending school camps or excursions.
Special Dietary Requirements

Please complete this form if your child requires a special diet while on camp.
We will forward on you requests to the Anglesea Recreation Camp.

Name of Student__________________________________________ Class __________

Dietary requirements
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Parent/Guardian Name ____________________________________________

Parent/Guardian Signature _________________________________________

Date _____ / _____ / _____

Contact Number ____________________________ ____________________________
Please disregard this section if you have paid the full amount of $256.00

Please choose one of the payment options below and attach the form to the outside of a clearly labelled envelope.

You may choose to pay only the second instalment or both the second and final instalments together.

**Option 1**

**Second Payment:**

Student Name: ___________________________ Class: ___________

Please (✓) Second Payment of $100.00 enclosed

☐ Cash ☐ Cheque ☐ Eftpos (paid at the Office) ☐

Parent/Guardian Name: ___________________________ Date: ___ / ___ / ___

Signature: ___________________________

Contact Number: ___________________________ ___________________________

**Option 2**

**Second and Final Payments**

Student Name: ___________________________ Class: ___________

Please (✓) Second and Final Payment of $156.00 enclosed

☐ Cash ☐ Cheque ☐ Eftpos (paid at the Office) ☐

Parent/Guardian Name: ___________________________ Date: ___ / ___ / ___

Signature: ___________________________

Contact Number: ___________________________ ___________________________

**The Full Payment – (If no payment has been made)**

Student Name: ___________________________ Class: ___________

Please (✓) Full Payment of $256.00 enclosed

☐ Cash ☐ Cheque ☐ Eftpos (paid at the Office) ☐

Parent/Guardian Name: ___________________________ Date: ___ / ___ / ___

Signature: ___________________________

Contact Number: ___________________________ ___________________________