Dear Parents / Guardians,

The preparations are well underway for our Camp which will commence in Week 2 of Term 2. As a reminder, the camp dates are Monday 28th April – Friday 2nd May. Over the coming weeks, the students will be selecting friends for their accommodation arrangements and learning about the Camp activities and responsibilities. Please read the following information carefully and return all forms to your child’s classroom teacher by Friday 21st March.

**Medical Forms:**
Attached is a Medical form that must be completed. Please ensure all sections are completed carefully and returned to school by Friday 21st March.

**All students attending Camp must have a completed Medical form.**

Note: If your 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).

Several first aid trained staff will be attending the Camp. All medications will need to be given to the first aid staff by 7:00am on the morning of departure.

**Dietary Requirements:**
Attached is a Dietary Requirements form that must be completed, for any students who may have specific food requirements. Please provide as much information as possible, to ensure every care is taken to accommodate your child’s needs during the Camp. Dietary Requirement forms must be returned by Friday 21st March.

**Camp Payment**
All outstanding monies need to be paid, to the school office, by Tuesday 1st April 2014.

**Camp Information Presentation**
In preparation for our upcoming Camp, we would like to provide you with as much information as possible to ensure a positive lead up and experience whilst at camp. We encourage you to visit the websites to explore our accommodation for the week, the touring company, and the attractions we will visit. Could you please let us know if you have any questions, concerns, queries or wonderings about the Canberra Camp?

Please email any questions you have to brown.melissa.m@edumail.vic.gov.au prior to Monday 17th March.

Our aim is to provide you with all the information you need to prepare your child for the Canberra Camp experience.

If you have any questions or concerns, please don't hesitate to contact either Melissa Brown, your child’s teacher, or the school administration.

Regards,

**Melissa Brown**
On behalf of the 5/6 Team
Please complete the dietary requirements form and return to your child’s teacher (if required). If paying the final by cash or cheque, please fill out the payment slip and staple it to the outside of the payment envelope.

Final Camp Payment

Student Name: __________________________________________  Class: __________

Please (✓) Payment of $295.00, for the final Camp payment is enclosed ☐

Cash ☐ Cheque ☐ Eftpos (paid in person at the office, or over the phone) ☐

Parent / Guardian Name __________________________________________

Signature ___________________________  Date ________________

Special Dietary Requirements:

Please complete the form below if your child will require a special diet while on Camp.

Name of Student ____________________________  Class: __________

Dietary requirements: (Please be as specific as you can)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Anything else we should know:

Please indicate if there is anything else that we should know before taking your child away to Canberra:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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’s/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. ____________________________________________

PANADOL - I authorise the teacher in charge to administer PANADOL (as per correct dosage) to my child in the event they are feeling unwell or have a headache. Yes/No (Circle).

In the event that your child does not improve, the teacher in charge will contact the parent/guardian.

All medicines must be handed to the teacher in charge prior to leaving, with your child’s name, the dose to be taken and when it 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.