Dear Parents / Guardians,

The preparations are well underway for our Camp which will commence in Week 3 of Term 3. As a reminder, the camp dates are **Monday 29th July – Friday 2nd August**. 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 June**.

**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 June**.

*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 8:00am on the morning of departure.

**Dietary Requirements:**
Attached is a Dietary Requirements form that must be completed by anyone requiring anything out of the ordinary for meals. 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 June**.

**Camp Payment**
All outstanding monies need to be paid to the school office, **by Friday 21st June**.

If you have any questions or concerns, please don’t hesitate to contact Melissa Brown, Melissa Bull or the school administration.

Regards,

*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 of cheque, please fill out the payment slip and staple it to the outside of the payment envelope.

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)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Camp Payment

Student Name: ____________________________ Class: ________

Please (✓) Payment of $150, 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 ______________

Anything else we should know:

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Camp Howqua Additional Information

The 5/6 Team will be preparing a PowerPoint presentation with additional information about Camp Howqua including, an itinerary of the week. Parents and students will be able to access the PowerPoint in the last week of Term Two via the school website. We ask that families visit Camp Howqua’s comprehensive website in the next couple of weeks and write down any further questions or information they would like included in the PowerPoint.

Camp Howqua website: www.camphowqua.com.au

Please write any questions or concerns below and return to your class teacher by June 21st.
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 ______________________

Emergency Telephone ______________________ After Hours ______________________ Mobile ______________________

Name and Address of Family Doctor __________________________ Phone No ______________________

Medicare No___________________ Insurance Fund ________________ Contribution 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
- 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

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

**Asthma**  Yes No  If yes – does your child require medication?  Yes No

**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

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, 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.