

Long Bay Primary Year 5-6 Camp

9 August 2017

Dear Parents and Caregivers,

Thank you for returning the signed permission slips enabling your child/ren to attend the school camp.

Payment for the camp needs to be made to the school by 10 September. The cost of the camp is \$165 per child. This payment is to be made through the school shop, via the school website. Please contact Sandy Tickner in the school office if you would like to discuss options for paying this cost off. If the cost of camp will prevent your child from attending, please also see Sandy Tickner or Linda Barton, in confidence.

Health Profile

Please find attached the Health Profile to be completed in full for all students attending camp. Please return this form by Monday 14 August. Please retain this newsletter for your information.

Equipment List

Please ensure that all the following items are named. Please involve your child in the packing and organisation process to help build independence skill and so that they are aware of the gear that they have with them. It is advisable they also include a list of all items packed so that they know what to repack at the end of the camp.

- Fresh clothing for 2 days, including very warm clothing for night time activities.
- Waterproof jackets
- Thick pair of socks or slippers for wearing inside
- 2 pairs of footwear (suitable for running through paddocks)
- Warm hat / sunhat
- Pyjamas appropriate for the time of year
- Toiletries - toothbrush, toothpaste, soap, shampoo, deodorant (roll on - no spray cans)
- 2 towels
- Sleeping Bag (blanket is optional)
- Gumboots (optional)
- 2 plastic bags for dirty clothes
- Reading book, small quiet game for free time
- Insect repellent (roll on - no spray cans)
- Sunscreen
- Torch (strong and with fresh batteries. No pencil lights please)
- Plastic drink bottle (named)
- Swimming togs and towel / wetsuit for water slide (it will be COLD!)

Items not permitted:

- Lollies or junk food. No food at all in cabins
- Chewing gums
- Electronic devices, including cell phones
- Money
- Any spray can

Yours sincerely,

Year 5 and 6 teachers

Student Health Profile: School Camp Sept 2017
FORM DUE: MONDAY 14 AUGUST

Child's Name: _____

Room: _____

Emergency Contact 1: _____ Relationship to child _____ Phone # _____

Emergency Contact 2: _____ Relationship to child _____ Phone # _____

Please circle if your child has any of the following:

Migraine	Epilepsy	Asthma
Diabetes	Travel Sickness	Seizures of any type
Chronic nose bleeds	Heart Condition	Dizzy spells
Colour blindness	Sleepwalking	Bedwetting
Anxiety	Other (please specify):	
Has your child ever stayed away from home overnight without a parent? YES / NO		
Medication:		
Will your child need to take medication to camp? YES / NO <i>If yes, then a medication form will be sent home shortly</i>		
If YES, please state the ailment/s or condition		
Name of medication/s and dosage:		
Has your child had any major injuries (breaks or sprains) or illness (eg glandular fever) in the last six months that may limit full participation in any activities? YES / NO		

Name:

Is your child allergic to any of the following/	Please tick those that apply	Please specify
Prescription Medication		
Insect bites / stings		
Food (include allergies and intolerances)		
Other allergies		
What treatment is required?		
When was your child's last tetanus injection (if known)?		

<p>Food Considerations</p> <p>Please record special food considerations for your child due to philosophical or religious beliefs, e.g. vegetarianism or no pork. We will discuss catering for special food needs due to medical conditions or beliefs with the camp staff. It may be necessary for some food to be provided by the family.</p> <p>The food at camp is simple, child-friendly, filling and nutritious. Children's food preferences will not be considered.</p>
<p>Food/s to be avoided:</p>

Is there any other information that you think may be useful for us to know about your child?

Signed: _____ **Date:** _____