Dear Parents,

Thank you for your Year 3 camp deposit. The big event is getting close, and will be happening during week 8 of Term 2. We will be leaving on Monday May 30th at 9.30am, however the students must be at school no later than 9:00am to have their names checked off and allow time for bags to be packed into the buses. We will return to School on Wednesday the 1st of June at approximately 2.30-2.45pm.

Thank you to those parents who have so kindly offered to assist at camp. This is greatly appreciated as our camping program cannot operate without this extra help. We will notify the parents who will be assisting with camp shortly.

Please note that our camp policy does not allow for parents to visit camp, unless they are our selected helpers.

You will receive a final notice, which will confirm departure and return times, other last minute arrangements and an Occasional Medical Form in week 6 of Term 2.

Enclosed in this package is:
1. A medical form (needs to be returned to school)
2. Travel Permission Form (needs to be returned to school)
3. The Camp Agreement (needs to be returned to school)
4. Asthma Plan (only children who suffer from asthma need to return this form)
5. An expression of interest form for a support session with Mia related to homesickness and camp anxiety (Please only return if you are interested in attending the session with your child)
6. A Clothing / Packing List (for you to keep)

The medical form, permission form, camp agreement (and asthma plan, if needed) are to be filled in, signed and returned to school in this plastic pocket by Thursday 5th of May. PLEASE KEEP THE CLOTHING LIST AND THIS COVER SHEET.

Thank you,

The Middle School Team

If you have any queries about the Camp, please do not hesitate to contact your child’s classroom teacher or Robyn Twining (Camp Coordinator CAMP A) Jordan Tate (Camp Coordinator CAMP B).
WHAT TO BRING LIST

Here is a list of what you need to bring to camp.

Please put your name on EVERYTHING and PLEASE MAKE SURE YOU HAVE ADEQUATE RAIN GEAR! Camp activities go on, Rain or Shine!

CLOTHING:
2 pairs of long pants
1 pair of track suit pants
2 pairs of shorts
5 pairs of socks
4 changes of underwear
2 warm jumpers
1 Long sleeved top
1 windcheater
4 t-shirts
1 Waterproof coat / jacket
1 pair of runners
1 pair of gumboots
1 pair of thongs (for showers only)
1 Sun hat
1 Pair of Pajamas
Handkerchiefs

TOILETRIES:
2 towels
1 face washer
Soap
Toothbrush
Toothpaste
Shampoo & Conditioner

EXTRAS:
Sunscreen
Insect repellant
2 plastic bags for dirty clothes
Drink bottle
Backpack
Torch
Teddy bear

BEDDING:
Please Note: The students sleep indoors, in dormitories
Sleeping bag
Pillow
Pillow case
Blanket (optional)

OPTIONAL:
Pens, pencils, etc
Diary, Note/Sketch book
Novel
Camera (students are fully responsible for the care of their own camera should they choose to bring it on camp)

WHAT NOT TO BRING:
Valuable items including jewellery and money
Food such as lollies
Electronic games/devices (such as Nintendo DS, Smart Phones, iPads etc.)

A NOTE ON CLOTHING:
◆ The above items are in addition to the clothes worn to the Camp.
◆ ALL items should be clearly marked.
◆ Older, warm, comfortable clothes are preferable to fashionable ones. The Mount Evelyn camp is an outdoor bush camp so students should be dressed appropriately. Strong, closed toe shoes are essential for the different activities.

LUNCH FOR THE FIRST DAY:
Students will also need a packed lunch for the first day of camp, to be kept in their backpack (along with their drink bottle), which will be eaten on arrival at Mt. Evelyn Camp.
DEPARTMENT OF EDUCATION AND TRAINING
CROYDON HILLS PRIMARY SCHOOL

Confidential Medical Report for Camps and Excursions

This report is designed to assist the school in case of any medical emergency with your child. All information is held in confidence and these forms will be destroyed after the camp or excursion to:

2016 YEAR 3 CAMP - MT EVELYN RECREATION CAMP

PERSONAL DETAILS
Child's Name: .................................................................
Date of Birth: .......................... School Year: ......................
Parent's/Guardian's Full Name: ...................................................
Address: ........................................................................................................
Post Code: ............................................................... 
Emergency Telephone – After Hours: ....................... Business Hours: ..............

MEDICAL DETAILS
Name and Address of Family Doctor: ..............................................................
Telephone: ........................................................................................................
Medicare number: ...................................................
Medical/Hospital Insurance Fund: ................... Contribution No. ...............
Ambulance Fund Subscriber: Yes/No Subscriber Number .............

Please tick if your child suffers any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Wetting</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Dizzy Spells</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Blackouts</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Fits of any type</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Sleepwalking</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Migraine</td>
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<tr>
<td>Heart Condition</td>
<td>...</td>
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<tr>
<td>Asthma</td>
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<td>...</td>
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<tr>
<td>Travel Sickness</td>
<td>...</td>
<td>...</td>
<td>...</td>
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<tr>
<td>Other:</td>
<td>...</td>
<td>...</td>
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</tbody>
</table>

Please Turn Over
Please tick if your child has any allergies to:

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<tr>
<th></th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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<tbody>
<tr>
<td>Penicillin</td>
<td>....</td>
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<td>....</td>
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<tr>
<td>Any foods</td>
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<td>....</td>
<td>....</td>
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<tr>
<td>Other Drugs/Medication</td>
<td>....</td>
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</table>

Please specify:..........................................................................................................

........................................................................................................................................

What special care is recommended? ..................................................................................

........................................................................................................................................

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 tablets or medicine? (including puffers etc.) Yes / No
If YES please state name of medications(s), 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 kit and will be distributed as required. Children who normally carry puffers will be required to carry them for use as required.) Please do not allow children to be in possession of any other 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 excursion / camp / tour to administer Panadol to my child if required. Circle appropriate response YES / NO

I authorise the teacher in charge of the excursion / camp / tour to consent, where is it impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: ........................................ Date: ..........................

The Department of Education and Training requires this consent form to be signed for all children attending school camps or excursions.
Mt. Evelyn Recreation Camp A: May 30th – June 1st

Travel Permission Form

Dear Parents,

Your child will travel to and from Mt. Evelyn Recreation Camp in buses fitted with seat belts.

We also provide a private back up vehicle. The private car would be used to transport any child needing medical treatment, to the nearest doctor or hospital, or to an activity site when deemed necessary.

All drivers are fully licensed and have full comprehensive insurance.

Travel Permission Form for Mt. Evelyn Recreation Camp A
May 30th – June 1st 2016

I give permission for my child ________________________________
to travel with the following Camp Supervisors, in their vehicle, in the event of an emergency or as deemed necessary by the Camp Coordinator.

Camp Supervisors (teachers):
Robyn Twining, Aaron Halstead, Carol Wyatt

Car: Toyota Corolla
Registration: 1GC91K

Signature of Parent / Guardian: ________________________________

Date: __________________
YEARS CAMP AGREEMENT

All campers are expected to follow specific rules as laid down by the teachers as they apply to various activities.

- No child is to leave the defined boundaries of the Camp without an adult.
- After “Lights Out” at night all the children are expected to go to sleep.
- Students interfering with the rights of others to sleep will be removed from their chosen cabin and be found alternative sleeping arrangements.
- Children are only allowed in their own room.
- Shoes must be worn at all times.
- No running around buildings or under verandas.
- Noise level at meals time must be kept at an acceptable level.
- Respect must be shown to all people, property and the environment. Any damage to be paid for by the child’s parent.

TEACHERS AND STAFF RESERVE THE RIGHT TO CONTACT PARENTS AND ASK THEM TO COLLECT THEIR CHILD, AT THEIR EXPENSE, IF THE CAMP AGREEMENT IS BROKEN.

STUDENT DECLARATION

I, ________________________________ of M-____, promise to follow the rules of the camp as outlined above. I also agree to follow instructions given by the teachers and parents for my own safety and the safety of others. I understand that if I break any of these agreements, my parents may be contacted and I may be sent home from camp.

Signature of Student_________________________________________________________ Date_________________

Signature Of Parent_________________________________________________________ Date_________________
SCHOOL ASTHMA ACTION PLAN

CAMP AND EXCURSION MEDICAL UPDATE FORM

This form will ensure that school staff have the most up to date medical information about your child’s asthma and the medications they might bring with them on school camps and excursions. Please ensure that your child brings ALL relevant asthma medications to camp/excursion.

Complete this form and return it to school BEFORE your child leaves for the camp/excursion. This Medical Update Form should be taken to the camp/excursion, along with the student's Asthma Action Plan.

Student Name:

Emergency Contact:

Name: ___________________________ Phone: ___________________________ Mobile: ___________________________

Name of Parents/Carers: ____________________________________________

Phone: (H) ___________________________ (W) ___________________________ (M) ___________________________

1. Has the student been hospitalised, had an acute asthma attack or had worsening asthma in the last two (2) weeks? ☐ Yes ☐ No

2. Is the student well enough to attend camp/excursion? ☐ Yes ☐ No

3. Has the student’s medications changed in the last two (2) weeks? ☐ Yes ☐ No

Please provide details of students medication and instructions for use in the table below

<table>
<thead>
<tr>
<th>Name of Medication (eg. Flutotec, Ventolin)</th>
<th>Method (eg. puffer &amp; spacer, dry powder inhaler)</th>
<th>When and how much? (eg. 1 puff in morning and 1 at night, before exercise)</th>
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4. Has the student had any other illness in the last two (2) weeks? ☐ Yes ☐ No

If yes, please give details:

Nature of illness? ____________________________________________

When? ____________________________________________

Severity? ____________________________________________

Has this affected their asthma? ☐ Yes ☐ No

Parent’s / Guardian’s Signature: ____________________________________________ Date __________ / __________ / ________

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DEALING WITH CAMP WORRIES

A supportive session with Mia for students with anxiety related to camp

May 10th 3.45 - 4.30pm

Dear Parents,

We understand that going away on school camp for the first time can be a daunting prospect for Year 3 students. At school we will be working with the students to prepare them for their first school trip away from home. It would help us to know if your child is feeling anxious about attending camp.

If you think your child would benefit from attending a small group session that looks at developing strategies to help deal with anxiety and homesickness please indicate below. We would look to run the session after school from 3.45-4.30 on Tuesday May 10th. If possible, please provide details of any concerns you or your child are having about camp.

Student Name: ___________________________________   Class: __________________

Nature of the Worry (Please circle the issue, or write in other)

General – can’t pinpoint
Food
Sleeping
Bedwetting
Bus Sickness
Other: __________________________

Level of Anxiety (Please circle)   Low   Medium High

Any other information we need to know about your child?

________________________________________________________________________

________________________________________________________________________

Would you like your child to attend a small group session on dealing with anxiety and homesickness? (Please circle)   Yes   No

Would you be prepared to come to an afterschool session with your child to work on strategies and make a plan? (Please circle)   Yes   No

Parent Signature: ___________________________________   Date: __________________