The Middle School Team

Thank you,

AND THIS COVER SHEET.

PLEASE KEEP THE CLOTHING LIST

6. Clothing / Packing List (for you to keep)
   Please only return if you are interested in attending the session with your child.

5. An expression of interest form for a support session with the teacher to discuss needs and camp security

4. Asthma Plan (only children who suffer from asthma need to return this form)

3. The camp agreement (needs to be returned to school)

2. Travel permission form (needs to be returned to school)

1. A medical form (needs to be returned to school)

Enveloped in this package is:

and an Occasional Medical Form in week 6 of Term 2.

You will receive a final notice which will confirm departure and return times, other last minute arrangements.

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

camper.

Thank you to those parents who have so kindly offered to assist at camp. This is greatly appreciated as our

middle school will return to school on Friday the 3rd of June at approximately 2.30-2.45pm.

later than 9:00am to have their name checked off and allow time for bags to be packed into the bus. We

will return to school on the 3rd of June.

Thank you so much for your help. The big event is getting close and will be happening during week 5.

June 1st- June 3rd, 2016

CHIPS Year 3 Camp, Permission Forms and Information Package

Please keep at home.
With their drink bottle(s), which will be eaten on arrival at Mr. Evany Camp. Students will also need a packed lunch for the first day of camp, to be kept in their backpack (along

**LUNCH FOR THE FIRST DAY:**

The shoes are essential for the different activities.

- **Clothes:** Warm, comfortable clothes are preferable to fashionable ones. The Mount Evany Camp

  - **All items should be clearly marked.**

  - **The above items are in addition to the clothes worn to the camp.**

**A NOTE ON CLOTHING:**

Electronic games, devices (such as Nintendo DS, Smartphones, iPads etc.), food such asollies

Vulnerable items including jewellry and money

**WHAT TO BRING:**

Instead of bring it on camp

- choose to bring it on camp

the care of their own cameras should be fully responsible for

Camera (students are fully responsible for)

Novel

Dry/Never/Shelikh book

Pens, pencils, etc.

**OPTIONAL:**

Teddy bear

Torch

Backpack

Drink bottle

2 plastic bags for dirty clothes

Insect repellent

Sunscreen

**EXTRAS:**

Shampoo & Conditioner

Toothpaste & Toothbrush

Soap

Facewasher

2 Towels

**TOILETRES:**

Adequate rain gear! Camp activities go on, rain or shine!

Please put your name on EVERYTHING and PLEASE make sure you have

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

<table>
<thead>
<tr>
<th>WHAT TO BRING LIST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLEASE KEEP AT HOME</strong></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>BLANKET (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillow case</td>
</tr>
<tr>
<td>Pillow bag</td>
</tr>
</tbody>
</table>

Please Note: The students sleep indoors.

<table>
<thead>
<tr>
<th>BEDDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handkerchiefs</td>
</tr>
<tr>
<td>1 pair of pyjamas</td>
</tr>
<tr>
<td>1 short night</td>
</tr>
</tbody>
</table>

Please note: The students sleep indoors.

<table>
<thead>
<tr>
<th>EXTRAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 pair of shorts</td>
</tr>
<tr>
<td>2 warm jumpers</td>
</tr>
</tbody>
</table>

Please note: The students sleep indoors.

<table>
<thead>
<tr>
<th>CLOTHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pairs of socks</td>
</tr>
<tr>
<td>2 pairs of shorts</td>
</tr>
</tbody>
</table>

Please note: The students sleep indoors.
Please tick if your child suffers any of the following:

<table>
<thead>
<tr>
<th>Severe</th>
<th>Moderate</th>
<th>Mild</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Details**

- Ambulance Fund Subscriber: Yes/No
- Medical/Hospital Insurance Fund: Yes/No
- Contribution:  
- Medical number: 
- Telephone:  
- Name and address of family doctor: 

**Personals Details**

- Emergency Telephone: 
- After hours: 
- Post Code: 
- Address: 
- Parent/Guardian's Full Name:  
- D.O.B: 
- School Year: 
- Child's Name: 

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Confidential Medical Report for Camps and Excursions

CROYDON HILLS PRIMARY SCHOOL

DEPARTMENT OF EDUCATION AND TRAINING

<table>
<thead>
<tr>
<th>Initials</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please return to school.
Signed: ...

Date: ...

TREATMENT AS MAY BE DEEMED NECESSARY:

I authorize the teacher in charge of the excursion/camp to administer to the child the prescribed medication, including insulin, if required, during the excursion/camp. Where it is

YES / NO

appropriate, treatment will be administered with me to the child, receiving such medical or surgical

I authorize the teacher in charge of the excursion/camp to return your child home.

Consent to Medical Attention

YES / NO

Is this the first time your child has been away from home?

Previous Experience

Children to be in possession of any other medication while on the camp or excursion.

Medications will be required to carry their own medication (including insulin) in the first aid kit and will be distributed as required. Children who normally carry

All medicines must be handed to the leader in charge prior to leaving with your

children's name. The dose to be taken and when it should be taken. (Please be kept.

If YES please state name of medication(s), dosage etc.

Tables and Medicines

Booster date: ...

If yes check if booster is to be arranged by parents before the camp.

Latest Immunisation was ...

If over ten years since last Immunisation.

What special care is recommended?

Please specify:

Other Drugs/Medication

Any foods

Penicillin

Severe

Mild

Moderate

Other:

Please tick if your child has any allergies to: ...
Date

Signature of Parent / Guardian:

Registration: GCO9K

Car: Toyota Corolla

Jordan Tate, Ben Bunch, Kelly Lawrence, Carol Wyatt

Camp Superintendents (teachers):

Emergency or assessed necessary by the Camp Coordinator:

to travel with the following Camp Superintendents in their vehicle in the event of an

give permission for my child

June 1st - June 3rd, 2016

Travel Permission Form for ML Evelyn Recreation Camp B

All drivers are fully licensed and have full comprehensive insurance.

necessary.

needing medical treatment to the nearest doctor or hospital, or in an activity site when deemed

We also provide a private back up vehicle. The private car would be used to transport any child

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

Dear Parents,

Travel Permission Form

ML Evelyn Recreation Camp B: June 1st - June 3rd

PLEASE RETURN TO SCHOOL
SEND HOME FROM CAMP.

I understand that if I break any of these agreements, my parents may be contacted and I may be sent home from camp.

I agree to follow instructions given by the teachers and parents for my own safety and the safety of others. I also agree to follow instructions given by the teachers and parents for the rules of the camp as outlined.

STUDENT DECLARATION

I agree that at their expense, the camp agreement is broken.

Teachers and staff reserve the right to contact parents and ask them to collect their child.

TO THE CHILD'S PARENT,

- Respect must be shown to all people, property and the environment. Any damage to be paid for by the child.

- Noise level at meals, time must be kept at an acceptable level.

- No running around buildings or under verandas.

- Shoes must be worn at all times.

- Children are only allowed in their own room.

- Students must adhere to all house rules.

- No child is to leave the designated boundaries of the camp without an adult.

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

AGREEMENT

YEAR 3 CAMP

Copy to be kept by Teachers

PLEASE RETURN TO SCHOOL
<table>
<thead>
<tr>
<th>Has this affected their asthma?</th>
<th>Yes □ No □</th>
</tr>
</thead>
</table>

Has the student had any other illnesses in the last two (2) weeks? 

Yes □ No □ 

Name of Medication

Medication Requirements: (including medication before exercise)

Please provide details of student's medication and instructions for use in the table below.

<table>
<thead>
<tr>
<th>Drug before exercise</th>
<th>(e.g. Piritone, Ventolin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method</td>
<td></td>
</tr>
<tr>
<td>(e.g. Primatene Forte)</td>
<td></td>
</tr>
</tbody>
</table>

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/excurion? Yes □ No □

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

4. Has the student had any other illnesses in the last two (2) weeks? Yes □ No □

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Phone: (H) (M)  
Name of Parent/Career:

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Phone:  
Name:  
Emergency Contact:  
Student Name:  

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Asthma Action Plan

This form should be taken to the camp/exursion along with the student's Asthma Action Plan. Please ensure that your child brings all relevant asthma medications to the camp/exursion. You may need to discuss any changes to your child's asthma and the medications they might bring with them on school camps and excursions. This form will ensure that school staff have the most up to date medical information about your child.
Date

Parent Signature: ____________________________

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

Would you like your child to attend a small group session on dealing with anxiety and homework issues? Yes No

Any other information we need to know about your child?

Level of anxiety (Please circle): Low Medium High Other

Separation from Parents
Bedwetting
Activities
Sleeping
Food
General - can’t pinpoint

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

Class: ____________________________

Student Name: ____________________________

having a child camp. If you think your child would benefit from attending a small group session that looks at developing strategies to help us to know if your child is feeling anxious about attending camp. At school, we will be working with the students to prepare them for their first school camp away from home. We would understand that going away on school camp for the first time can be daunting prospect for Year 3 students.

May 10th 3:45 - 4:30pm

A supportive session with info for students with anxiety related to camp.