Dear Parents,

Thank you for your Year 3 camp deposit. If you have not yet paid, your payment is now overdue and you will need to pay as soon as possible to secure your child’s place in the program. The big event is getting close, and will be happening during week 3 of Term 2. We will be leaving on Wednesday the 29th of April 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 Friday the 1st of May at approximately 2.30-2.45pm.

You will receive a final notice, which will confirm departure and return times, other last minute arrangements and an Occasional Medical Form in the first week 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. 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 12th of March.

* PLEASE KEEP THE CLOTHING LIST AND THIS COVER SHEET.

Thank you,

Robyn Twining, Leigh Dixon, Debra Karanzoulis, Jonathan Wilisoni, Geoff Lamble, Briony Hart, Vanessa Urmston

If you have any queries about the Camp, please do not hesitate to contact your child’s classroom teacher or Robyn Twining (Camp Coordinator).
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:
3 pairs of long 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 boots
1 pair of thongs (for showers only)
1 Sun hat
1 Pair of Pajamas
1 Tracksuit
Handkerchiefs

BEDDING:
Sleeping bag
Pillow
Pillow case
Blanket (optional)

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

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

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

WHAT NOT TO BRING:
Valuable items Jewellery Money Lollies
Electronic games/devices (such as Nintendo DS, iPod / iTouch, etc.)

♦ 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.

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, EMPLOYMENT 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:
2015 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>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Heart Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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**Previous Experience**

Is this the first time your child has been away from home? Yes / No

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**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, Employment and Training requires this consent form to be signed for all children attending school camps or excursions.*
YEAR 3 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 quarters.
- 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 MD-____, 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 __________
Mt. Evelyn Recreation Camp: April 29th-May 30th 2015

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.

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Travel Permission Form for Mt. Evelyn Recreation Camp
April 29th – May 30th 2015

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, Jonathan Wilisoni, Briony Hart, Dale McInerney

Car: Toyota Carolla
Registration: OTP 687

Signature of Parent / Guardian: ________________________________

Date: __________________

Campaspe Drive, Croydon Hills 3136 Phone: 9725 1206 Fax: 9723 4310
Email: croydon.hills.ps@edumail.vic.gov.au Web: www.croydonhps.vic.edu.au
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>Medication requirements: (including medication before exercise)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Medication (eg. Filzotide, Ventolin)</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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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