Dear Parents / Guardians,

Our Phillip Island Camp is fast approaching and will take place in Week 9 of this term. Please read these important reminders to assist us with our preparations.

**Final Payment**
For those who elected to pay in instalments, the final payment of $165 is due by **Friday 25th July, 2014**.

**Medical and Dietary Forms**
Attached are several important forms relating to your child’s medical and dietary requirements on Camp. Please ensure all sections are completed carefully and returned to school by **Friday 1st August**.
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).
The Dietary Requirements form must be completed for any students who may have specific food requirements. Please provide as much information as possible to ensure every care is taken to accommodate your child’s needs during the Camp.

**Camp Information Session**
We would like to provide you with as much information as possible to ensure a positive lead up and experience whilst at camp. We will be holding an Information Session on **Thursday 7th August** at 5:00pm in Room 17. Please take this opportunity to ask any questions you may have about the Camp experience.

**Parent Helpers**
Thank you to those parents who have offered to attend the Camp to assist. A decision will be made shortly and helpers will be notified prior to Thursday 7th August, whether they are required or not.

**Cabin Placements**
In the next couple of weeks, students will be asked to suggest five friends they would like to share accommodation with at Camp. We make every effort to consider the children’s requests, and each child will be placed with at least one friend from their suggestion list.

If you have any questions or concerns, please don’t hesitate to contact your child’s teacher.

Kind regards,
The Year 3 & 4 Team
Final Camp Payment

Student Name: __________________________________________ Class: ____________

Please (✓) Payment of $165.00, for the final Camp payment is enclosed □ (if applicable)

Cash □ Cheque □ Eftpos (paid in person at the office, or over the phone) □

Parent / Guardian Name___________________________________________

Signature ____________________________ Date _________________________

Special Dietary Requirements

Please complete the form below if your child will require a special diet while on camp e.g. gluten-free, dairy-free, vegan, vegetarian, allergy (nut, egg, etc)

Name of Student ____________________________ Class: _________________

Dietary requirements: (Please be as specific as you can)

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Anything else we should know:

Please indicate if there is anything else that we should know before taking your child on camp:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
WILLIAMSTOWN NORTH PRIMARY SCHOOL No 1409

Confidential Medical Report for School Camps and Excursions
(Please complete and return as soon as possible)

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 ______________________

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 ________________________

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 (Circle)

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

Asthma Yes No If yes – does your child require medication? Yes /No (Circle)

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 (Circle)

If YES please state name of medication, dosage etc. __________________________________________

PANADOL - I authorise the teacher in charge to administer PANADOL (as per correct dosage) to my child in the event they are feeling unwell or have a headache. Yes/No (Circle).

In the event that your child does not improve, the teacher in charge will contact the parent/guardian.

All medicines must be handed to the teacher in charge prior to leaving for camp, with your child’s name, the dose to be administered and time to 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 Camp.

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 to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent Name. ______________________________________________________________

Parent Signature. __________________________________________________________ Date: _____ / _____ / ____

The Department of Education requires this consent to be signed for all children attending school camps or excursions.