

SENIOR CAMP TO CAMP COOLAMATONG - MAY 15-19, 2017

18 April, 2017

Dear Parents,

It is less than 4 weeks until we head off on Senior Camp! Please find attached important forms and information, some of which need to be completed and returned to school by the due date below.

- Clothing List and other suggested items (on the back of this letter).
- Medical form to be completed and returned to school by Friday 5th May
- Permission form/Camper's agreement returned by <u>Friday 5th May</u>

We urge parents to begin locating and naming belongings now, as we are sure the weeks will fly by. If your child does not already own a rain jacket please buy or borrow one to take on camp.

Than you to those families who have made prompt payments. We ask that all payments are made by Friday 5th May.

Thank you, Fiona Meilak Camp Co-ordinator

Durham Road, Kilsyth, Victoria 3137 1344 PHONE: 1031 9725 4320 FACSIMBE: 1031 9725 1865 FMAIC: kilsyth.ps@edomoil.vic.gov.au



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ITEMS STUDENTS NEED TO BRING

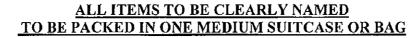
- Sleeping bag, pillow
 - OR
- Two sheets, doona, pillow (some blankets are available)
- Insect repellent
- Torch
- Garbage bags for dirty clothes
- Pens and pencils in a pencil case
- Sun protection cream
- ❖ Optional –Camera and/or passive games, book etc.

NOTE: These items will be the student's own responsibility

- Backpack or school bag
- Plastic drink bottle (water bottle)

CLOTHING LIST - The following is a suggested list of clothing

- Walking shoes/runners
- ❖ Water shoes or an old pair of shoes to wear in the water
- ❖ Underwear 1 set for each day and 1 spare set
- Pyjamas
- Dressing gown or track suit
- ❖ Jumper/windcheater only for canoeing may get wet
- * 2 extra jumpers or windcheaters
- Jeans/tracksuits/shorts
- ❖ T-Shirts
- Spare socks
- Bathers
- ❖ Beach towel
- Bath towel
- Waterproof coat
- Hat
- Thongs
- ❖ Toiletries --
 - Soap in a container
 - Toothbrush and toothpaste
 - Face washer
 - Brush and comb
 - Deodorant (roll on or stick please <u>NO</u> aerosol spray cans Thank You)



NO LOLLIES, iPODs/MP3 PLAYERS, GAMEBOYS ETC.
NO MOBILE PHONES
Thank you for your support.







PARENT/GUARDIAN CONSENT FORM CAMP COOLAMATONG

I grant permission for my childto participate in the Kilsyth Primary School Camp at "Camp Coolamatong" from
the 15 th to 19 th May, 2017. I agree to meet the expense of my child being
returned to school either by a teacher accompanying him/her and then returning to camp or by collecting my child from the camp personally, if the
need arises.
In the event of accident or illness, I authorise the teacher in charge of the camp to consent, where it is impractical to communicate with me, to my child
receiving such medical or surgical treatment as may be deemed necessary.
Signature: (Parent/Guardian)
Address:
Date:
CAMPEDIO A ODEERAENT
CAMPER'S AGREEMENT
I promise that while traveling to and from the camp and while I'm at Camp Coolamatong, I shall follow whatever rules are decided upon for the welfare of
all and behave in keeping with our class agreements.
Signature
(Camper)
Grade:

Department of Education & Training

Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Training is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Date(s): 15th-19th Ma	ame: Camp Coolamate ay, 2017				
Student's full name:					
Student's address:					
			Post	code:	
Date of birth: Year level:					
Date of birth:					
Parent/guardian's ful	I name:				
Emergency telephone numbers: After hours			Business hours	.,	
Name of person to co	ontact in an emergency	/ (if different from the page	arent/guardian):		
, tumo or porcer to					
Emergency telephone numbers: After hours			Business hours		
Emergency telephone	Humbers. After hours		Duamesa noura		
Name of family docto	r:				
Address of family doc	tor:				
Phone number:					
Medicare number:					
Treatest of trains of the					
Medical/hospital insurance fund: Member number:					
Ambulance subscribe	r?□Yes□No If ye	s, ambulance number:			
	1.11.1.1	fund have 2 fl Vac 5	7 No		
is this the first time y	our child has been aw	ay from home? □ Yes [T 140		
Please tick if your o	child is living with ar	ny of the following he	alth conditions:		
☐ Asthma (if ticked c	omplete Asthma Mana	gement Plan)			
☐ Anaphylaxis (if tick	ed review and update	the Individual Managem	ent Plan for the camp or	excursion)	
□ Bed wetting	□ Blackouts	□ Diabetes	☐ Dizzy spells	☐ Migraine	
☐ Heart condition	☐ Sleepwalking	☐ Travel sickness	☐ Fits of any type		
□ Other:					
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