



KILSYTH
Primary School

Durham Road, Kilsyth, Victoria 3137
TELEPHONE: (03) 9725 4320
FACSIMILE: (03) 9725 4865
EMAIL: kilsyth.ps@edumail.vic.gov.au

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 Friday 5th May**

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.

Thank 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



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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 – **NO** aerosol spray cans Thank You)



ALL ITEMS TO BE CLEARLY NAMED
TO BE PACKED IN ONE MEDIUM SUITCASE OR BAG

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 15th to 19th 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:.....

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:.....

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.

Excursion/program name: Camp Coolamatong
Date(s): 15th-19th May, 2017

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Emergency telephone numbers: *After hours*

Business hours

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

Business hours

Name of family doctor:

Address of family doctor:

Phone number:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? ☐ Yes ☐ No If yes, ambulance number:

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

Please tick if your child is living with any of the following health conditions:

- ☐ Asthma (if ticked complete Asthma Management Plan)
- ☐ Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
- ☐ Bed wetting ☐ Blackouts ☐ Diabetes ☐ Dizzy spells ☐ Migraine
- ☐ Heart condition ☐ Sleepwalking ☐ Travel sickness ☐ Fits of any type
- ☐ Other: _____