Dear Parents/Guardians,

As part of our school camping program we have organised a camp for all Year 4 children in Week 9 of this term at The Island View Resort, Narooma. This is situated 3km south of Narooma. Teachers have already inspected the site which is suitable and safe. Narooma provides us with excellent camping facilities and access to emergency services if necessary.

DATES: Tuesday 26th March to Thursday 28th of March 2013 (3days/2nights)
COST: $60 which includes food, transport, admission and camping fees.
The excursion will involve walking, swimming, trampolining, beach volleyball, tennis, sand modelling and many other activities.
The teachers accompanying the children will be Mrs Sharlene Hatton, Ms Judy Gwynne and Mrs Beverley Nicholas.

Parents are invited to attend camp to stay overnight and help with the running of the camp. Please consider coming along to help out with the camp.

The children sleep in tents which need to be supplied by them - we rely on your assistance here. Tent practice will occur on Friday 22nd March. Please bring in your tent to be left at school over the weekend.

Teachers will provide 24 hour care and supervision.

Departure time is 9.30am Tuesday 26th March and return by 2.30pm Thursday 28th March.
Payment of the $60 must be made before camp and can be paid in instalments over the next three weeks.
Please complete all the necessary permission notes and return by Friday 15th March 2013.

Tom Purcell
Principal

Mrs. Hatton, Ms. Gwynne and Mrs. Nicholas.
Supervising Teachers
Your child will need the following items clearly marked with names:

- Recess, lunch and drinks for the first day
- Knife, fork, spoon, mug and plates, including deep bowl
- Soap, toothbrush, toothpaste, towel, brush and comb
- Swimmers, 3 sets of clothes, warm sleepwear, tracksuit, parka, pullover, tea towel and a hammer for each tent group
- Torch
- Spare pair of enclosed shoes. Thongs for showering
- Sleeping bag or blankets and a pillow.
- Optional: Air mattress, camera

Your child should have shorts, shirt and a hat, shoes and socks suitable for bushwalking (joggers, gym shoes). Slip on canvas shoes are great for movement around the campsite, however, due to safety concerns joggers must be worn for bushwalking.

ITINERARY (to be confirmed)

Day 1:
Depart school 9.30am
Arrive campsite 11am. Set up tents
Lunch
Camp activities
Night concert

Day 2:
Beach Walk and Camp activities - including swimming, ball games, photography, sand modeling etc
Sing-a-long and games

Day 3:
Breakfast, swim and camp activities
Pack up tents
Lunch
Arrive back at school approximately 2pm.

Parent helpers please contact your child's teacher if you require any further information about the camp.

Please cut here and return the information below.

CONSENT FORM

I hereby consent to my child .............................................Class................................ participating in an excursion to the Island View Resort Narooma on Tuesday March 26th to Thursday March 28th.
Signed................................................................. Date..............................................PLEASE
RETURN BY FRIDAY MARCH 15th, 2013 the following forms.......

☐ Consent Form
☐ Medication/Allergy/Emergency form
☐ Swimming Permission Note
☐ Excursion Conduct Agreement
PARENT HELPERS

We would be appreciative of parental help during the camp. If you are able to assist, please be aware that you must have filled out and returned a Volunteer's Declaration Form which is available from your child's teacher or front office. Also, when arriving at the campsite, please let a teacher know you have arrived.

I am available to help at the camp during the following times:

<table>
<thead>
<tr>
<th>The full camp - 3 days/2 nights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 26th March</td>
</tr>
<tr>
<td>Morning</td>
</tr>
<tr>
<td>Afternoon</td>
</tr>
<tr>
<td>Overnight</td>
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<tr>
<td>Wednesday 27th March</td>
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<tr>
<td>Morning</td>
</tr>
<tr>
<td>Afternoon</td>
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<tr>
<td>Overnight</td>
</tr>
<tr>
<td>Thursday 28th March</td>
</tr>
<tr>
<td>Morning Only/Pack up</td>
</tr>
</tbody>
</table>

I have a truck, ute, trailer and can help transporting gear.

PARENT'S NAME

__________________________________________

PHONE NUMBER

__________________________________________

SWIMMING PERMISSION NOTE

Swimming sessions will be conducted in the pool at the camping ground. I understand that all swimming sessions will be under strict teacher supervision. My child ___________________________ is a competent swimmer and has my permission to go swimming. He/She is able to swim 25 metres or more.

Signed .................................................................(Parent/Guardian) Date ........................................

POOR SWIMMERS

My child is a poor swimmer and cannot swim 25 metres. He/She has my permission to swim in the shallow end of the pool under strict teacher supervision.

Signed .................................................................(Parent/Guardian) Date ........................................

NON-SWIMMERS

I do not wish my child to attend the swimming sessions during the course of the camp.

Signed .................................................................(Parent/Guardian) Date ........................................
MEDICATION/ALLERGIES/EMERGENCY CONTACTS

Child's Name: ____________________________

Should your child be taking any medication please specify type, dosage and times required. Should you have any further details, e.g. allergic to bee stings, antibiotics, etc., please state below.

**Current Medication** – to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

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Times required: _____________________________________________________________

**Special Dietary Needs** – (allergies or special diet) including possible reaction to inappropriate diet.

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**Illness/allergy** – eg: Asthma, bees, epilepsy, food allergies. Please indicate below the emergency plan and medication provided for the above illness/allergy.

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**Emergency Contact Nos:**

Home ............................................. Work ............................................. Mobile .................................

Your current address
..........................................................................................................................................................
..........................................................................................................................................................
..........................................................................................................................................................

Parent's/Guardian's

Signature .................................................. Date .................................................

OFFICE USE:  

MEDICATION: Yes/No  ILLNESS/ALLERGIES: Yes/No  DIETARY: Yes/No
EXCURSION/ACTIVITY CONDUCT AGREEMENT

Rights:

When representing our school all children have the right:
• to feel safe
• to be treated with kindness, care and respect
• to enjoy themselves

Responsibilities:

When representing our school I have the responsibility:
• to act in a caring and sharing manner in order to keep myself and others safe
• care for our environment
• to respect the property of others
• to be on time
• to respect other peoples’ opinions and differences
• to use my manners and positive language
• to try my best
• to have fun

Consequences for not meeting your responsibilities could include:

• being reminded of your responsibilities
• non participation in excursion/activity
• exclusion from further excursions/activities
• parents being contacted to come and collect you from excursion/activity
• suspension from school

Signed: _____________________ Child  ____________________Parent