

Wednesday, 20th February, 2019

Dear Parents and Carers,

Year Five will be participating in a two-day Leaders' Camp on Thursday 14th and Friday 15th March 2018. This camp will focus on promoting team building and leadership skills.

The children will be participating in a range of activities which will be led and supervised by experienced camp instructors.

The three Year 5 teachers as well as Miss Pascale Joseph will accompany the students and other staff will visit during camp. We are confident that the experiences gained whilst at camp will strengthen the relationships between the students, as well as those between the students and staff. The skills the students will be developing at camp will be built upon in our Personal Development and Health program throughout 2019.



Accommodation will be at the Wedderburn Christian Camp. We will be travelling by coach, departing school at **7:15am** on the Thursday morning (**all children need to be at school by 7:00 AM SHARP**) returning to school at approximately 2.30pm on Friday afternoon.

The cost of this excursion has been included in school fees so no payment is necessary. **Would you please complete the attached Permission Slip, Medical Information and Behaviour Contract and return to school by Wednesday 27th February as we need to confirm final numbers by this date.** A detailed itinerary and packing list will be sent home closer to the date. More information about Wedderburn Christian Camp can be found at their website <http://www.wedderburn.org.au/>

We look forward to sharing this wonderful experience with the students of Year Five.

Yours sincerely,

Mrs Cheryl Brown
PRINCIPAL

Miss Karlie Vella, Miss Kelly Ahern and Mrs Emily Boncales
YEAR 5 TEACHERS

Respect Guidelines

This form is to ensure that you are aware of the high standard of behaviour expected of you during our excursion to Wedderburn.

Only sign this form if you agree to abide by the conditions contained within.

I understand that a high standard of behaviour is expected of me whilst I am on the excursion to Wedderburn. I will be polite and respectful in all my dealings with instructors, teachers and other adults. I will treat my peers with respect and value the property and personal possessions of others. I will conduct myself with the knowledge that foolish behaviour may result in my own injury or with that of others and that such behaviour will not be tolerated.

I will at all times be mindful of the fact that I am an ambassador of Bethany Catholic Primary School, my parents and family.

I understand that should I decide not to abide by these conditions my parents will be contacted to discuss any further action required which may include my parents collecting me from camp.

SIGNED:
(Child)

WITNESSED BY:
(Parent /Guardian)

YEAR 5 Wedderburn EXCURSION MEDICAL INFORMATION

My child, in(class) has my permission to attend the Year 5 Excursion to Wedderburn. I am aware of the travel arrangements and the nature of the activities that my child will be involved in whilst on the excursion.

Signed: _____
(Parent/Guardian)

Parents'/Guardians' Name/s: _____

Home Phone No: _____ Mobile Phone No: _____

To protect your child from possible embarrassment, but not exclude him/her from the programme, the following information is needed:

1. Does your child walk in his/her sleep, wet the bed at night, etc? YES / NO If yes, please specify.
2. Are there other factors which might affect the care of your child, such as asthma, allergies, diabetes, seizures?
3. Has your child been exposed to any communicable disease within the past 21 days? Eg. chicken pox, measles. if so, which one? _____
4. What is the name, phone number and address of your child's physician?
5. **Child's Birth Date:** Month _____ Day _____ Year _____
6. Has your child had a tetanus shot? YES / NO If yes, when?
7. Has your child ever had penicillin? YES / NO If so, is he/she allergic to it or any other medication?
8. Do you know of any health factor that makes it advisable for your child to follow a limited programme of physical activity? If so, explain _____
9. Diet restriction, in case of health problem.
10. Medicare Number: (if medical attention is required)

Parents will be notified immediately of any illness or accident to children and care will be given to them in accordance with parents' wishes.

Additional comments of Parents:

In the event that your child suffers a headache, toothache or high temperature etc. during the excursion do you give accompanying staff permission to administer Panadol? YES ☐ NO ☐

Guardian Name: _____ Signed: _____