



Grose View Public School

~ *A future focused school* ~



Education
Public Schools

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6 September 2019

Dear Parents/Carers

YEAR 3 YMCA CAMP YARRAMUNDI INFORMATION

As part of Grose View's Outdoor Education Program the Year 3 overnight camp for 2019 will be held at the YMCA Camp Yarramundi, Springwood Road, Yarramundi. Its purpose is to extend each student's social and educational experience by living independently, trying new skills and approaching new learning situations. Please let your child's teacher know in writing if they will not be attending this excursion.

This is a 2 day/1 night residential program for the students and will be held on **Thursday 21 November and Friday 22 November 2019.**

The outcomes of the camp are to help students develop:

- independence;
- their own strengths and positive self-concept;
- initiative;
- positive relationships in group situations;
- skills in team building;
- problem solving skills; and
- co-operation, listening and talking skills, and encouragement of others.

Departure and Return

You will need to have your child at YMCA Camp Yarramundi between 9.45 am and 10.00 am on Thursday 21 November. Parents will need to pick up their children from the YMCA camp between 1.30 pm and 2.00 pm on Friday 22 November. If you are unable to organise a lift for your child, please contact the school.

Activities

Your child will participate in archery, bushcraft, giant swing, initiatives, low ropes, night activities, rock climbing and sports. All activities are run by qualified instructors and incorporate varying degrees of facilitation to deliver program outcomes such as confidence and team building, leadership and communication, initiative and critical thinking.

Meals

YMCA Camp Yarramundi cater for the dietary needs of the campers and prepare all meals that are balanced and nutritional. Students are required to bring a refillable, labelled drink bottle to use throughout the camp. On the first day students will need to bring along food for recess and a drink. They will then receive lunch, afternoon tea, and dinner. On the second day students will receive breakfast, morning tea and lunch. If your child requires a special menu (eg vegetarian) or has any special food needs (allergies) please give details on the attached form.

Accommodation

Your child will be accommodated in bunkroom dormitories at the YMCA Camp Yarramundi.

Requirements

Each child must be equipped with:

- | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> one (1) sleeping bag | <input type="checkbox"/> pyjamas |
| <input type="checkbox"/> one (1) pillow | <input type="checkbox"/> tracksuit |
| <input type="checkbox"/> one (1) bath towel | <input type="checkbox"/> T-shirts and shorts |
| <input type="checkbox"/> soap and toilet articles | <input type="checkbox"/> sun hat , sun cream |
| <input type="checkbox"/> sufficient sets of underwear for 2 days | <input type="checkbox"/> jeans or long pants |
| <input type="checkbox"/> joggers and one extra pair of shoes | <input type="checkbox"/> jumper |
| <input type="checkbox"/> raincoat, (hopefully it won't be needed) | <input type="checkbox"/> handkerchief or tissues |
| <input type="checkbox"/> pencil and coloured pencils | <input type="checkbox"/> camera (optional) |
| <input type="checkbox"/> torch | <input type="checkbox"/> wipe/roll on Insect Repellent |
| <input type="checkbox"/> garbage bag for wet/dirty clothes | <input type="checkbox"/> socks |
| <input type="checkbox"/> day pack (small back pack for day walks) | <input type="checkbox"/> Refillable, labelled water bottle |

No aerosol cans of deodorant, sweets or lollies are to be brought to camp.

Your child's name should be clearly marked on all articles of clothing etc.

There is no need for your child to take jewellery, phones, iPods, electronic games, excessive clothing or watches.

Medication

If your child uses a Ventolin inhaler, they can carry it with them in their bag. *However, all other medications must be in a zip lock bag with your child's name clearly written on it and handed in to Mr Leeson immediately on arrival at school. You must include a note detailing the dosage and times the medication is to be administered.*

Luggage

Please confine requirements to one overnight bag. All luggage should be clearly marked with your child's name.

Cost

The total cost of the camp is \$185 and includes all meals, accommodation and activities. This may be paid in instalments. The deposit/first instalment of \$50 is due **before Friday 18 October 2019** with the final payment due **Friday 15 November 2019**. Payments can also be made using the Parent Online Payment option (POP) on the school website www.groseview-p.schools.nsw.edu.au.

Teachers Attending

Mr Leeson and Miss Hage

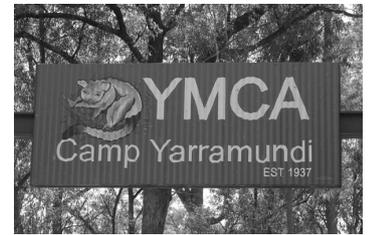
Please return deposit/first instalment together with completed Consent Form and Medical Form by Friday 18 October. The number of children attending needs to be finalised no later than this date.

Yours sincerely

Mrs Hopkins
Assistant Principal

YEAR 3 YMCA CAMP YARRAMUNDI

CONSENT FORM



I hereby consent to _____ of class _____ participating in a 2 day/1 night program at the YMCA Camp Yarramundi on **Thursday 21 November and Friday 22 November 2019**. I understand that travel to and from the camp will be by private car. See note below for transport. Special needs of my child which you should be aware (eg allergies, medication etc.) of are:

Important Notes:

- Any child entering camp with a medical problem should bring a letter from his/her Doctor regarding treatment of the condition.
- Medication brought to the camp should have the child's name, dosage and dosage times clearly marked. Only medication in the child's name will be administered.
- A copy of any special diet ordered by a Doctor should arrive at the Centre at least two weeks before the child's entry to camp.
- Children who have not had a booster injection of Combined Diphtheria Tetanus Toxoid (CDT) or an oral polio (Sabin) vaccine at entry into Kindergarten or primary school it is recommended to have these immunisations.
- Children who have not previously had measles or been immunised against measles it is recommended to obtain such immunisation. Measles immunisation should be given one month before or after the CDT and Polio boosters.

My child has the following special dietary needs: _____

I consent for my child to participate in artificial cave maze, bushcraft, giant swing, initiatives, low ropes, night activities, rock climbing and sports. I give/do not give permission for my child to participate in all the above activities. I exclude _____

Unacceptable behaviour at school may exclude my child from attending this camp.

Parent/Carer Signature: _____ Date: _____

Please return this form by Friday 18 October 2019.

\$50 deposit cash/cheque \$50 deposit paid by POP. Receipt No: _____

\$185 full payment cash/cheque \$185 full payment paid by POP. Receipt No : _____

I am **able** to transport my child by car **to** the YMCA Camp Yarramundi, Springwood Rd, Yarramundi on **Thursday 21 November by 10.00 am**. Yes No

I am **able** to transport my child by car **from** the YMCA Camp Yarramundi, Springwood Rd, Yarramundi on **Friday 22 November leaving between 1.30 pm and 2.00 pm**. Yes No

I am **unable** to transport my child to and from the YMCA Camp Yarramundi and will require assistance.

Parent/Carer Name: _____ Phone No: _____

(To be kept by YMCA Yarramundi)



Medical & Consent Form

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|--------|----------------------|
| Name of Student: | | | | |
| Address: | | | | |
| Age: | D.O.B: | / / | Sex: | Height: Weight: |
| Emergency Contact: Name: | | | | |
| Phone: | | (hm) | (wk) | (mob) |
| Medicare Number: | | Ambulance Cover: Y / N : | | |
| Private Medical Cover; Y / N: | | | | (details) |
| Doctor's Name: | | | Phone: | |
| Does your child suffer from: any chronic injury or illness ? Y / N: _____ (details) | | | | |
| : Asthma ? Y / N : Triggers: _____ (details) | | | | |
| Does your child have any allergies ? (eg drugs, food, plants) Y / N: _____ (details) | | | | |
| Does your child suffer from: Heart Problems ? Y / N: _____ (details) | | | | |
| : Blood Pressure ? Y / N: _____ (details) | | | | |
| Does your child have any emotional / behavioural disorders ? Y / N Phobias ? Y / N | | | | |
| If yes please specify: | | | | |
| Does your child require medication ? Y / N May we administer Paracetamol if required? Y / N | | | | |
| Has your child been ill or required medical attention in the last four (4) weeks ? Y / N (Please advise school if this occurs.) | | | | |
| If yes please specify: | | | | |
| If your child has seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance. | | | | |
| Date of last tetanus injection: _____ (if your child's tetanus is not current please see your doctor) | | | | |
| Does your child: Wet the Bed ? Y / N Sleepwalk ? Y / N Suffer travel sickness? Y / N | | | | |
| How would you rate your child's swimming ability ? | | | | |
| <input type="checkbox"/> Unable - Nothing more than dog paddle <input type="checkbox"/> Poor - Basic strokes, only limited strokes beyond domestic swimming pool | | | | |
| <input type="checkbox"/> Good - Strong swimmer, able to swim confidently in a variety of water conditions | | | | |
| <input type="checkbox"/> Excellent - Very strong and confident, could swim 50 mtrs fully clothed (Please give details of swimming certificates attained eg Bronze Medallion) | | | | |
| Special Dietary Requirements ? | | | | |
| Activity Restrictions ? See attached list. | | | | |
| Nb/ Activities are chosen to suit the age and ability of campers | | | | |
| Campers will not have sufficient time to do all activities | | | | |
| If there is insufficient space please attach separate page with details | | | | |

PARENT or GUARDIAN CONSENT

As parent / guardian I understand that the YMCA of Sydney and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child / ward's participation in activities of a hazardous nature, though the YMCA and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward, that may place him / her at greater than normal risk. I authorise the YMCA of Sydney and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the camp. Should my child/ward need to be returned home for any reason I will cover any associated costs.

I consent to my child/ward attending camp on this understanding.

Signature of Parent / Guardian

Full Name of Parent / Guardian

Date