

Grose View Public School

 $\sim A$  future focused school  $\sim$ 



T:\Teacher\Atoz\Camps\Year 4 Blue Mountains\2019\Permission.Doc

6 September 2019

Dear Parents/Carers

### YEAR 4 BLUE MOUNTAINS CAMP

As part of Grose View Public School's Educational Program an overnight excursion for 2019 will be held at Katoomba. Its purpose is to extend each student's social and educational experience by living independently, trying new skills and approaching new learning situations.

This is a 3 day/2 night residential program for the students and will be held from **Wednesday 4 December to Friday 6 December 2019.** 

The outcomes of the camp are:

- HT2-2: "describes and explains how significant individuals, groups and events contributed to changes in the local community over time"
- GE2-1: "examines features and characteristics of places and environments"
- GE2-3: "examines differing perceptions about the management of places and environments"

The purpose of the Year 4 camp is to also help students develop:

- independence;
- initiative;
- positive relationships in group situations;
- skills in team building; and
- cooperation, listening and talking skills, and encouragement of others.

#### Departure and Return

Your child will depart school at 8.00 am by seat belted coach on Wednesday 4 December and return on Friday 6 December at approximately 3.30-4.00 pm (we will notify school if running late on Facebook). You will need to make arrangements for your child to be collected from school.

#### Activities

On Wednesday the children will visit Woodford House Academy at Woodford, Campbell Rhododendron Gardens (Blackheath) and The Three Sisters, Echo Point with overnight accommodation at the Katoomba Christian Convention Centre. On Thursday, the day will begin with a visit to Scenic World for a ride on the Scenic Railway into the Jamison Valley to study the use of the area in the late 1800s and now. They will then depart for Govett's Leap and Mt York tracing the construction of Cox's Road. On Friday they will travel to the Jenolan Caves, Oberon and will return along the Bells Line of Road to school, with an afternoon stope at Hartley.

#### Meals

On the first day student will need to bring packed recess, lunch, fruit and a labelled reusable water bottle in a day pack. The Katoomba Christian Convention Centre cater for the dietary needs of the campers and prepare all meals that are balanced and nutritional. On the first day students will receive dinner and supper. On the second day students will receive breakfast, morning tea, lunch, afternoon tea, dinner and supper. On the third day students will receive breakfast, morning tea, lunch and afternoon tea. If your child requires a special menu (eg vegetarian, glucose free) or has any special food needs (allergies) please give details on the attached forms.

### Accommodation

Your child will be accommodated in bunkroom dormitories at the Katoomba Christian Convention Centre.

### Requirements

Each child must be equipped with:

packed recess, lunch, fruit and a labelled reusable water bottle in a day pack

one (1) sleeping bag	pyjamas
one (1) pillow	tracksuit
one (1) bath towel	T-shirts and shorts
soap and toilet articles	<b>sun hat</b> , sun cream
sufficient sets of underwear for 2 days	jeans or long pants
joggers and one extra pair of shoes	jumper
raincoat, (hopefully it won't be needed)	handkerchief or tissues
garbage bag for wet/dirty clothes	socks

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 loc bag with your child's name clearly written on it and handed in to Mrs Hopkins 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 \$275 and includes all meals, accommodation and activities. This may be paid in instalments. The deposit/first instalment of \$75 is due **before Friday 18 October 2019** with the final payment due **Friday 22 November 2019**. Payments can also be made using the Parent Online Payment option (POP) on the school website <u>www.groseview-p.schools.nsw.edu.au</u>

#### **Teachers Attending**

Mrs Hopkins and Mr Chenery (Mr Leeson will be joining the group on Day 2)

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

2

### YEAR 4 BLUE MOUNTAINS CAMP

## **CONSENT FORM**



I hereby consent to	of class
participating in a 3 day/2 night camp to the Blue Mountains	and Katoomba from Wednesday 4
December to Friday 6 December 2019. I understand that trav	vel to and from the camp will be by
seat belted bus and I will need to make arrangements for my	child to be collected from school at
approximately 3.30 pm.	

Special needs of my child which you should be aware (eg allergies, medication etc.) of are:

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.

### YEAR 4 BLUE MOUNTAINS CAMP

# SPECIAL DIETARY REQUIREMENTS



Child's Name:

 Class:

Life threatening allergies: At the request of the Katoomba Christian Convention Centre, if your child has a life threatening allergy to any food, then the parent/carer must contact the kitchen manager on 4782 5588 at least seven days prior to arrival.

- My child has no special dietary requirements
- U Vegetarian
- Lactose/dairy free
- Coeliac (gluten/wheat free)
- Nut allergies
- Other (please detail below)

Comments:

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### YEAR 4 BLUE MOUNTAINS CAMP

# **MEDICAL INFORMATION FORM**

----



Please complete the following information and return it to school by Friday 18 October 2019.

<b>Dates:</b> Wednesday 4 December 2019 to Friday 6 December 2019			
Given Names:	Class:		
Surname:			
Address:			
Postcode: Telephone: (Home)			
Parent/Carer Name in Full:			
Telephone: (Parent/Carer Mobile)			
School: Grose View Public School			
Age: years months Date of Birth: //	Sex:		

- -

Important Note:

... .

- 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.
- 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 C.D.T. and Polio boosters.

Please answer the following questions:

•	Is he/she in good health?	Yes / No
•	Does your child suffer from any chronic illness or disability?	Yes / No
	If yes, what is its nature:	

•	Has he/she suffered from any acute illness recently?	Yes / No
	If yes, state the nature of illness	

	s he/she been treated by a medical practitioner for any injury recently? ne/she taking any mixture, tablets or any other form of medicine at present?	Yes / No Yes / No
	ase provide details:	
Do	es he/she suffer from:	
0	Asthma or any allergic conditions?	Yes / No
0	Skin conditions?	Yes / No
0	Diabetes?	Yes / No
0	Epilepsy, fits and blackouts?	Yes / No
0	Adverse reaction to drugs?	Yes / No
0	Other	Yes / No
	If yes, please give details:	
Do	es he/she wet the bed?	Yes / No
lf y	es, how often?	
Na	me of medication if needed	
Do	es he/she suffer from Travel Sickness	Yes / No
lf y	es, is medication required and name?	
Ha	s he/she had the Combined Diphtheria Tetanus Toxoid booster injection?	Yes / No
l gi	ve permission for my child to be given Panadol if necessary.	Yes / No
My	child is allergic to Paracetamol.	Yes / No
In t	he event that your child should need medical attention, it would assist if you c	ould supply the
rele	evant health insurance information:	-
Ме	dicare No:	
	/ate Health Insurance Fund and Number:	

## **PARENT/CARER CONSENT**

In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also undertake to pay medical fees and/or cost of drugs which may be incurred while my child attending the excursion.

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_





90--92 Great Western Hwy Woodford NSW 2778

Dear Parents,

The Woodford Academy Management Committee is greatly looking forward to your school group's upcoming visit to the Woodford Academy, a National Trust property and the oldest surviving complex of colonial buildings in the Blue Mountains. The Woodford Academy property is jointly managed by the National Trust and our volunteer Management Committee.

In accordance with the Privacy Act, we seek your permission for the possible use of your child's image for the promotion of Woodford Academy school tours.

The photographs will be taken at the Woodford Academy on the day of your school's tour. These photographs will principally be used for promotion of the Woodford Academy school tours in National Trust and Woodford Academy printed and social media. The photos will **not** be captioned with your child's name.

### **RELEASE FORM - PERMISSION TO PUBLISH**

Child's Full Name:	Year Group:
School/Organisation:	
Address:	
Contact Telephone number:	
I/We hereby give permission for images of my child to be used in t (Please circle as applicable)	he following:
For use in Print PublicationsYesN(National Trust magazine, Woodford Academy newsletter, National brochures, BlueMountains Gazette)	
For use on the National Trust <b>Website</b> Yes	
For use on Social mediaYes(National Trust (NSW) Facebook, Woodford Academy Facebook)	
For use on Video/Broadcast Media Yes No	
(National Trust/Woodford Academy exhibits, promotional materia	& presentations)
Signature (Father/Guardian)	Date:
Signature (Mother/Guardian)	Date:
Student (If 15+ years of age)	Date:
Please return to:	
Woodford Academy Management Committee	
Woodford Academy, 9092 Great Western Highway, Woodford, N woodfordacadmey@gmail.com	SW 2778