Dear Parents,

The number of students attending the Stage 2 camp has been finalised and the details are as follows.

Camp Details:
Where: Camp Yarramundi

“Established in 1937 and located just over an hour from the Sydney CBD on the banks of the heritage listed Grose River, YMCA Camp Yarramundi has long been one of Sydney’s premier camp destinations. With over $1.5 million dollars in new and improved facilities, now more than ever, YMCA Camp Yarramundi is the ideal venue for schools camps” from the website www.ymcasydney.org/yarramundi.php

When: Thursday 26th and Friday 27th November, 2015

Total Cost: $175.00 which includes food, accommodation and seat-belted coach transport.

Deposit of $20 has been paid, therefore $155 is remaining.

To meet the needs of families we are offering the following 3 payment options;
1. Full payment of $155.00
2. 3 instalments – two of $50 and a final payment of $55
3. Five fortnightly payments of $25 and a final payment of $30

Please note that full payment MUST BE COMPLETED BY 13th November, 2015. No money will be accepted after this date. If you would prefer an alternative time frame for payments, please contact Ms Watling, Mrs Crouch or Mrs Giles in the Office.

Payments must be in an envelope and posted in the ‘frog’ in the office clearly labelled with your child’s name, class and total amount included.

Student Assistance Funding is available. If this is required please notify Mrs Crouch or Mrs Giles by the 21st August, 2015. This information is strictly confidential.

Activities will be confirmed closer to the camp date depending on weather.

A souvenir list will be sent home prior to the camp. Any child wanting to purchase a souvenir of camp (not compulsory) should bring the correct money clearly labelled in an envelope TO CAMP. (This can be handed to the teachers for security in the morning.) No other money will be required at camp.

A Gear Checklist will be sent home closer to the date to assist in planning for camp.

The attached medical consent form MUST be completed and returned.

Thankyou,
M. Watling, K. Hazelton, M. Wales
THE OAKS PUBLIC SCHOOL
CAMP YARRAMUNDI ~ STAGE 2
26TH & 27TH NOVEMBER 2015

Child’s Name: ______________________________  Class: ______________

I ______________________ give consent for my child to attend the Stage 2 camp to Yarramundi on the 26th & 27th November 2015.

I understand transport is by seat-belted coaches.

I have enclosed payment as follows: (please tick as appropriate)

☐ Full payment of $155.00 is enclosed (please circle - cash cheque)

☐ Part payment of $50.00 is enclosed (please circle - cash cheque)
and payments of $50 and $55 will be paid.

☐ Fortnightly payment of $25.00 is enclosed (please circle - cash cheque)

☐ An alternate arrangement HAS been made with the school

____________________________   ______________________
Parent/Guardian Name   Parent/Guardian Signature

Date

Please return by Friday 21st August, 2015.
**MEDICAL INFORMATION FORM**

The information requested below will help to provide the best possible care of your child.

- Providing this information is not obligatory, but its absence may prevent your child from participation;
- It will be used to minimise risks associated with this excursion;
- It will be seen only by those persons providing health care treatment;
- It will be stored securely and destroyed after the legal time limit has expired

| Student Name: __________________________ | Class: ________________ |

**Parent or Caregiver Contact Details**

Name: __________________________________________

Address: ________________________________________

Home Phone: _______________ Work: _______________ Mobile: _______________________

Medicare Number: _________________________________

**Doctor Contact Details**

Name: __________________________________________

Address: ________________________________________

Doctor’s Telephone: 1. __________________________ 2. _______________

**Emergency Contact/s Details (nominated by the parent/caregiver as alternate contact)**

1. Name: ___________________________ Phone: __________________________

2. Name: ___________________________ Phone: __________________________

List existing **medical conditions or illnesses** (including asthma, diabetes, epilepsy, allergies, etc). Outline the treatment for each.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Outline special dietary needs including possible reaction to inappropriate diet

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medication/s to be administered during the excursion. Include name of medication for administration, time of administration and any possible reactions

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ___________________________ Date: ___________________________