

PLENTY PARKLANDS PRIMARY SCHOOL

48 Blossom Park Drive, Mill Park, 3082 Victoria

Phone: (03)9404-4311 Fax: (03)9404-4702

Web address: <http://www.plentyparklands-ps.vic.edu.au>

E.MAIL address: plenty.parklands.ps@edumail.vic.gov.au

Principal: Ms Claire McInerney

Assistant Principal: Ms Julie Nixon & Ms Alison Devereux

Date: 3/09/2019

Dear Parents/Guardians,

Thank you for your commitment to our camp. 93 students have confirmed their intention to attend the Year 4 camp to Phillip Island Adventure Resort. As a result the following details have been confirmed.

Staff: The following PPPS staff will be attending to ensure a ratio of 1 to 10. Jeremy Matheson, Stephanie De Cata, Chris Uniacke, Stephanie Hughes and Claire McInerney

Cost: \$300.00
Includes coaches (with seatbelts), accommodation, meals and all activities. (GST is charged on meals only).

***If this payment option does not suit your financial circumstances, a payment plan can be devised for you so that your child can attend.**

Payment: A \$100 first payment has been paid, leaving a balance of \$200.

Full payment must be received by Monday 7/10/2019 at 3:30 pm.

You will understand that as we must pay the camp, full payment must be received by this final date in order for your child to attend. The first payment was a non-refundable/non-transferable deposit. Any consideration for part refund of remaining amount due to late withdrawal of students due to illness, holiday, etc., can only be considered after all invoices associated with the camp have been finalised.

Please complete the payment slip below and return with payment. If paying by Qkr there is no need to return the payment slip below.

A medical form and personal equipment list is attached. **Please return the medical form by the 7/10/2019.**

Thank you for your cooperation with these matters,
Jeremy Matheson
Year 4 Camp Coordinator

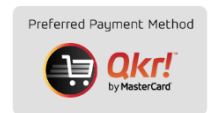
✂.....

PAYMENT IN FULL

Date _____

Child's name: _____ Home group: _____

I have paid \$100 as the first payment (deposit).
Enclosed is full balance (\$200.00) for the year 4 camp to Phillip Island Adventure Resort.



Amount enclosed: _____ Cash / Credit Card / Qkr / CSEF (please circle)

Credit Card payment ✂.....

PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (Minimum payment \$10)

Child's name:	Home group:	Payment for: ie. Camp	Amount
		Year 4 Camp	

Please charge my: Bankcard Visa Mastercard Amount: \$ _____

Card Number _____

Expiry Date: ____ / ____ Name on Card: _____

Signature of Cardholder: _____ Phone No. _____ Date: _____

PLENTY PARKLANDS PRIMARY SCHOOL
YEAR 4 2019
CAMP VENUE: Phillip Island Adventure Resort

PERSONAL EQUIPMENT LIST

BAG REQUIREMENTS

We have been advised by the bus company that luggage space under the coaches is very limited. By following a few simple rules when packing, we can ensure the best possible use of this limited space.

- One bag only per student- *your child MUST be able to manage their own luggage*
- Bags must be soft sided, sausage bag type (no suitcases, no hard framed backpacks)
- Maximum weight of 12 kilograms
- Sleeping bag to be kept separate (not tied to main bag)
- Both the bag and the sleeping bag should be clearly marked with the child's name and school

NAME ALL ITEMS

- Sleeping bag or sheets – blankets and pillows supplied
- Pillow case
- Jeans, track suits, shorts, shirts, T-shirts, windcheaters (old clothes for outdoor wear)
- Underwear and socks for 3 days
- Pyjamas, dressing gown or tracksuit (for sleeping)
- Warm waterproof jacket
- Slippers or similar for indoor wear only
- Runners for sport activities (**at least two pairs of footwear needed**, as one pair may get wet during the water activities). E.g. *some students in the past have bought a pair of runners and a pair of sand shoes.*
- Bath towel
- Beach towel
- Toilet bag with soap, toothbrush, toothpaste, comb/brush, face washer, tissues, sunscreen etc.
- Thongs/sandals for shower use
- Plastic bag for dirty clothes
- Torch – *please check the batteries*
- Soft toy (optional)
- Small photo album of family (in case of home sickness)

IN A SMALL BACK PACK TO TAKE ON THE BUS

- Lunch, including a drink of water for day 1
- SCHOOL SUNSMART HAT (**MUST be the school hat**) and sunglasses (optional)
- Small games, cards, puzzle books etc.
- Pens, pencils, small notebook

SCHOOL SUNSMART HAT
(MUST be the school hat)
Students may miss out on outdoor activities if they do not have the school SUNSMART hat.

NOT TO BE BROUGHT

- × Mobile phones, jewellery, hair dryers/straighteners, electronic games, valuables, iPads, iPods
- × **OR any other electronic devices**
- × Money
- × Food, lollies, chocolates, chips, etc. (except for the day 1 lunch).
If treats are brought, they will be collected and returned at the end of the camp.

Please encourage child to pack their own bag so that they know exactly what they have with them.

PPPS Year 4 Camp Medical Form 2019

DEPARTMENT OF EDUCATION

Confidential Medical Information for School Council approved School camps

Please complete and return by 7th of October, 2019.

Ideally we'd prefer to receive this by the last day of Term 3. Friday 20th September

This information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Child's Name:

Date of Birth: School Year:.....

Parent's/Guardian's Full Name:

Address:

..... Postcode:.....

Emergency Telephone:

After Hours: Business Hours:

Name and Address of Family Doctor:

Medicare No:

Medical/Hospital Insurance Fund: Contribution No:

Please tick if your child suffers any of the following:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Travel sickness |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Other..... |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blackouts | |

Allergies to:

Penicillin:..... Other drugs:

Any foods:

Other:.....

What special care is recommended?

Tetanus Immunisation -Year of last tetanus immunisation

(Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT])

Tablets and Medicines - Is your child presently taking tablets and/or medicine? YES/NO

IF YES, please state name of medication, dosage etc

.....

.....

All medication must be handed to the teacher in charge prior to leaving. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first-aid centre and distributed as required). If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

Previous Experience - Is this the first time your child has been away from home? YES/NO

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian:..... Date:.....

The Department of Education requires this consent to be signed for all students attending school excursions.

Note: Parents/guardians should provide written approval prior to their child taking part in any excursion