

PLENTY PARKLANDS PRIMARY SCHOOL

48 Blossom Park Drive, Mill Park, 3082 Victoria

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Principal: Ms Claire McInerney

Assistant Principal: Ms Julie Nixon & Ms Alison Devereux

11/09/2018

Dear Parents/Guardians,

Thank you for your fabulous commitment to our Year 3 Camp to Arrabri Lodge in 2018.

Staff: The following PPPS teaching staff will be attending.
Scott Jessup, Jeremy Matheson, Stephanie Hughes, Emma Wallmeyer, Tran Bernard, Julie Gatt and Sharon Kandell.

Cost: \$320.00
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 arranged so that your child can attend.**

Payment: A \$100 first payment (non refundable/non transferable) has been paid leaving a balance of **\$220**. 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.

Full payment must be received by 3.30pm on 11/10/2018

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.

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 **11/10/2018**.

Thank you for your cooperation with these matters,
Jeremy Matheson
Year 3 Camp Coordinator

✂

PAYMENT IN FULL

Date _____

Child's name: _____ Home group: _____

I have paid the first payment (deposit).
Enclosed is full balance (\$220.00) for the year 3 camp to Arrabri Lodge.

amount enclosed: _____ Cash / Cheque / Credit Card / Qkr / CSEF



Credit Card payment ✂

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

Child's name:	Home group:	Payment for: ie. Camp	Amount
		Year 3 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 3 CAMP TO ARRABRI LODGE 2018

PERSONAL EQUIPMENT LIST

Label everything

- **One** case or bag only per student- your child **MUST** be able to manage their own luggage.
- Do not tie the sleeping bag to any other item – it's easier to pack the bus when they're not tied together
- Encourage children to pack their own bag so that they know exactly what they have with them

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

Warm waterproof jacket

Slippers or similar for indoor wear only

Runners for sport activities (at least two pairs of footwear needed)

Bath 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 water drink for day one

SCHOOL SUNSMART HAT (MUST be the school hat) and sunglasses (optional)

Small games, cards, puzzle books etc.

Pens, pencils, small notebook

Camera (optional) and brought at own risk

NOT TO BE BROUGHT

Mobile phones, jewellery, hair dryers/straighteners, electronic games, valuables, iPads, iPods

OR any other electronic devices

Money

Lollies / chocolates etc.

If treats are brought, they will be collected and returned at the end of the camp.

PPPS Year 3 Camp Medical Form 2018

DEPARTMENT OF EDUCATION

Confidential Medical Information for School Council approved School Excursions

Please complete and return before 11/10/2018

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

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.