

**PLENTY PARKLANDS PRIMARY SCHOOL NO. 1915**

48 Blossom Park Drive, Mill Park, 3082

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](mailto:plenty.parklands.ps@edumail.vic.gov.au)

**Principal: David Whewell**

**Assistant Principal: Julie Nixon**

**Date: 3/8/22**

Dear Parents/Guardians,

Please find below the details of the year 2 day camp to Ferngully Lodge. The camping program is an important part of our Outdoor Education program. There are 99 students in year 2 and we would like ALL students to attend.

**VENUE: Ferngully Lodge - 269 Myers Creek Rd, Healesville**

**ON SITE ACTIVITIES:** Due to the nature of the camp activities all children need to wear their SunSmart hat and wear and bring sunscreen which they can reapply every two hours. Camp activities may include possum glider swing, zipline, low ropes course, trampolines, archery, hut building, mini bushwalks, team games and a traverse wall.

**DATE: MONDAY 24<sup>th</sup> OCTOBER**

**Departure time- 8:30am (Children must arrive at school by 8:15am)**

**Return to school- 5:00pm.**

**COST: \$68**

This cost is based on 99 students attending.

**STAFF:** One adult for every 10 students.

**TRAVEL:** Bus (with seatbelts) Name of bus company: Diamond Coaches

**PARENT HELPERS:**

At this stage we have 5 teachers who will be attending, possibly along with some pre-service teachers. We will need several parent helpers. Parents helping on the day camp are required to have completed the PPPS Parent Helper Training and have a Working with Children Check. No cost will be involved, as you will be covered in the staff ratio. *If you are interested in being considered as a parent helper please complete and return the relevant section.*

**STAFFING FOR CAMPING PROGRAM** (extract taken from school policy)

- The Principal has final approval of staffing profile.
- One adult to ten students (legal requirement) at no charge to the adults.
- All adults to have completed the Plenty Parklands Primary School Parent Helper Program.
- Aim for gender balance where possible.
- In line with other considerations, as School Council has to approve school camps and is legally responsible, priority will be given to one non DET school councillor who has not previously attended a camp.
- As part of pre-service training, priority given to pre-service teachers to attend.
- Remaining free places given to parents –
  - priority to trained nurse, doctor or first aid personnel
  - priority to parents who are known to the school through their interaction with the school at parent/teacher/student interviews, school occasions and volunteer work. These occasions provide opportunities for parents to display the attributes we look for when seeking help with particular responsibilities such as a camp
  - priority to parents who will take on a “de facto” staff role
  - after all criteria have been looked at, the principal has final approval of the staffing profile
  - If a parent has decided that their child (who has a serious medical problem) can only go on the camp so long as the parent attends, then the parent is deemed as being out of the adult ratio.

To confirm your child's place, please either make payment using Qkr or complete the details below and return it with payment as soon as possible.

**PLEASE NOTE – NO LATE PAYMENTS WILL BE ACCEPTED. Payment must be received by 3:30pm Wednesday 14<sup>th</sup> September.**

If you have any queries, please contact your child's teacher at the school on 9404 4311.

**Phillip Van Dorp, Stephanie Hughes, Charlotte Harvey-Hall, Scott Jessup**

**Parent permission for Year 2 Day Camp**

I give permission for my child \_\_\_\_\_ of home group \_\_\_\_\_

to attend the year 2 Day Camp to Ferngully Lodge and I enclose **\$68**

**PLEASE NOTE – NO LATE PAYMENTS WILL BE ACCEPTED.**

Name \_\_\_\_\_ Phone no: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ Cash / Cheque / Credit Card / QkR / CSEF (please circle)

***I am interested in being a Parent Helper on the Year 2 Day Camp.***

Name of interested parent ..... Daytime phone number .....

Email .....

Level of first aid qualifications (if any) .....

*I have completed the PPPS Parent Helper Training*

***School Camp confidentiality agreement***

*I understand and agree to follow the school values while on camp. I understand that this includes not taking phone calls from, or phoning, texting or sending photos to other Plenty Parklands families while on camp. I agree to wait until after camp before posting photos of my child on any form of social media. I also understand that I do not have permission from the school or other families to post photos of their children.*

Name .....

Signed .....

*(You will be contacted as soon as possible)*

**Credit Card payment** ✂-----

**PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (to be used for amounts of \$10 and over)**

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

Please charge my: ☐ Visa ☐ Mastercard Amount: \$ \_\_\_\_\_

Card Number \_ \_ \_ \_ \_

Expiry Date: \_ \_ / \_ \_ Name on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_

# DEPARTMENT OF EDUCATION: YEAR 2 DAY CAMP

## Confidential Medical Information for School Council approved School camps (Please complete and return a printed copy as soon as possible)

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.

Dietary requirements: .....

.....

## 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/camps.