Date 10/10/17

Dear Parents/Guardians,
Please find below the details of the year 2 camp. The camping program is an important part of our Outdoor Education program. There are 114 students in year 2 and we would like ALL students to attend.

VENUE: Ferngully Lodge, Healesville
Departing at: 8:30 sharp (Children must arrive at school by 8:15)
Returning at: 5:15 pm

WHAT IS PROVIDED: Morning tea, lunch, afternoon tea and drinks will be provided at the camp.

WHAT TO BRING: Students must wear full school uniform including their hat and appropriate footwear and bring a small backpack with sunscreen, a water bottle and a jacket/raincoat (depending on the weather).

ON SITE ACTIVITIES: Low ropes, commando course, archery, zipline, traverse wall, possum glider, mini bushwalk etc.

DATE: Friday November 24th 2017

COST: $64

If the payment option of paying in one lump sum does not suit your financial circumstances, a payment plan can be devised for you so that your child can attend.

STAFF: One adult for every 10 students.

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

PARENT HELPERS:
When we have determined the number of children attending the camp, we will know exactly how many extra adults will be required to ensure the 1:10 ratio. At this stage we have 7 teachers and one Education Support staff member who will be attending. Parents who are interested in helping on the day camp are required to have completed the PPPS Parent Helper Training and hold a current 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 by **Tuesday 17th of October, 2017.***

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 a Working with Children check.**
- Minimum of 50% of the adults to be qualified teachers to fulfil ratio.
- Minimum of one senior teacher (Leading Teacher, Assistant Principal, Principal) employed
   by the school, to be the camp coordinator.
- 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 DEECD school councillor who has not previously attended a camp.
- As part of pre-service training, priority given to one pre-service teacher to attend.
- Remaining free places given to parents –
   o   priority to trained nurse, doctor or first aid personnel
   o   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

- o priority to parents who will take on a "de facto" staff role
- o after all criteria have been looked at, the principal has final approval of the staffing profile
- o 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 and would be required to pay their own way. The school will negotiate to get transport and accommodation at a reduced rate, where possible.

To confirm your child's place, please complete the details below and return it with payment by Tuesday 7th of November, 2017

PLEASE NOTE – NO LATE PAYMENTS WILL BE ACCEPTED.

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

✂-- **Cut off and return the school by the due date** ---

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 on Friday 24th of November and I enclose $ 64

PLEASE NOTE – NO LATE PAYMENTS WILL BE ACCEPTED.

Name _____ Phone no: _____

Date _____ Signature _____ _____

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

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: ☐ Bankcard ☐ Visa ☐ Mastercard Amount: $ _____

Card Number __ __ __ __   __ __ __ __   __ __ __ __   __ __ __ __

Expiry Date: __ __ / __ __ Name on Card: _____

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

✂---

I am interested in being a parent helper on the year 2 day camp (return this section by Tuesday 17th of October, 2017).

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

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

I have completed the PPPS Parent Helper Training and an up to date Working with Children Check (You will be contacted as soon as possible)

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 ………………………………………………………………

✂---

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<div align="center">

PLENTY PARKLANDS PRIMARY SCHOOL
MEDICAL FORM FOR YEAR 2 DAY CAMP

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Parents/Guardians,   Date: 10/10/17
Re: Confidential Medical information for School Council approved School Camps

Please fill in this Medical form and return to the school no later than Tuesday November 7th 2017.

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:…………………………………….   Home group: …………………….

Parent's/Guardian's Full Name:………………………………………………………………………..…………………….

Address:……...

Postcode:………………………………….

Emergency Telephone: ………………………………………….

Name and address of family doctor:……………………………………………………………………………………………….

Medicare No:…………………………………..…..………………   Ambulance Subscriber: YES/NO

Medical/Hospital Insurance Fund:………………………..…………….……...   Contribution No.:………………………..

Please tick if your child suffers from:

☐Travel sickness

Allergies to:

Penicillin:……………………………….   Other drugs:…………………….…..……… Any foods:…………….………………………

Other:……….……..……

Dietary requirements (e.g. Halal, vegetarian, etc) ……………………………………………………………………………..

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 nominated teacher 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, epipen and insulin for diabetes), it must be with the knowledge and approval of both the teacher in charge and yourself.

(Please note that the school does not supply any medication, including paracetamol, to students while on camp.)

CONSENT TO MEDICAL ATTENTION

If emergency contacts are unavailable, I authorise the school to consent to my child receiving such medical treatment as deemed necessary by a medical practitioner.

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

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

If no consent is given, what should the school do? ……………………………………………………………………………

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