Year 6 Camp
Berry Sport & Recreation Centre

Dear Parents and Caregivers,

As you would be aware, your child is attending our Year 6 Camp.

When: Monday 7th till Wednesday 9th December, 2015.

Where: Berry Sport and Recreation Centre, Phone: (02) 4464 1406, Address: 660 Coolangatta Rd, Berry, NSW

Departure from school (Monday 7th): 7:30am, please have your child at school by 7:00am

Arrival back at school (Wednesday 9th): Approx. arrival 3:30pm. We will keep parents updated via Skoolbag App.

As a school, we still require a signed permission note as well as our school medical form. Please complete and return the attached forms to your child’s teacher, by 27th November, 2015.

What to pack:

☐ Shorts and t-shirts with sleeve
☐ Jeans
☐ Jumpers and tracksuit pants
☐ Raincoat
☐ Underwear
☐ Swimming costume
☐ Two pairs of running shoes (one pair suitable for water activities)
☐ Hat
☐ Sunscreen and sunglasses
☐ Two towels (bath and swimming/beach)
☐ Pillow with pillow case
☐ Sleeping bag
☐ Toiletries (including soap, roll-on deodorant, hair brush, toothbrush and toothpaste)
☐ Torch
☐ Water bottle
☐ Small/Day backpack
☐ Camera

What NOT to pack:

☐ No Electrical accessories/equipment
☐ Aerosol cans (i.e. spray-on deodorant or insect repellent)
☐ Mobile phones and other electronic devices
☐ Lollies or chewing gum
☐ Jewellery
☐ Anything valuable (Sport and Recreation and the School takes no responsibility for the loss or damage to a client’s personal property, including money or other valuable items)

Thank you,

Mrs Jessica Seeneey and Year 6 Teachers
Rel. Assistant Principal

Mr Chad Harris
Deputy Principal
YEAR 6 CAMP: 7th till 9th December 2015

I give permission for my child__________________________ of class _____ to attend the excursion/camp to Berry Sport & Recreation Centre.

☐ I understand that my child will be travelling by bus.

☐ I understand that my child will be staying in dormitory accommodation.

☐ I understand that my child is not to bring any of the items on the NOT to pack list.

☐ I understand that my child will need to be at school on 7th December at 7am.

☐ I understand that I will need to pick up my child from school on 9th December at approx. 3:30pm, if an alternate arrangement is required for my child’s collection I will notify the school.

Or, I give permission for my son/daughter__________________________ of class_______ to be collected by__________________________.

Is there any additional information that we should be aware of regarding your child prior to camp:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ____________________________ Date: ____________________________
Medical information form

The information provided by parent/care giver is being obtained for the purpose of a medical emergency at Year 6 Camp at Berry Sport and Recreation Centre. From Monday 7th till Wednesday 9th December, 2015. [If applicable] Other persons and/or agencies that will be provided with this information are ambulance officers for the purpose of medical attention. Provision of this information is required by law / voluntary. It will be stored securely.

You may correct any personal information provided at any time by contacting the class teacher.

<table>
<thead>
<tr>
<th>Student name: ..................................................</th>
<th>Class: .........................</th>
</tr>
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</table>

### Parent or caregiver contact details

**Name:**

**Address:**

**Home phone:** Work: Mobile:

### Doctor contact details

**Name:**

**Address:**

**Doctor’s telephone:**

1. .......................... 2. ..........................

### Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. **Name:** ......................... **Phone:** ........................

2. **Name:** ......................... **Phone:** ........................

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

**..........................................................**

**..........................................................**

**..........................................................**

**..........................................................**

### Medical conditions or illnesses continued

**..........................................................**

**..........................................................**

### Outline special dietary needs including possible reaction to inappropriate diet

**..........................................................**

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

**..........................................................**

**..........................................................**

**..........................................................**

**..........................................................**

Signature: .......................................................... Date: ..........................

Please return this form by: