Dear Parents and Guardians,

The 1/2 team are excited to announce that this year’s camp will be an overnight stay at PGL Adventure Camp- Campaspe Downs. The camp provides a fun and challenging outdoor experience and is located on the outskirts of the Macedon Ranges in Kyneton, Victoria. PGL have more than fifty years experience in the industry and are proud that their camps are accredited with the Australian Tourism Accreditation Program.

The camp offers a range of exciting experiences including, a flying fox, low ropes course, crate stack and a giant swing. These activities provide students with an opportunity to immerse themselves in activities that challenge the body and mind. They will utilise a range of skills to help them build interpersonal relationships and enhance confidence with their peers.

Students will depart from school on Thursday 28th May and return home on Friday 29th May. The proposed program for the 2 days will be finalised when numbers are confirmed.

**Thursday:**
8:55 Line up on the Basketball Court with all belongings
9:30 Buses depart CGPS
11:00 Arrive at Campaspe Downs
12:00 Lunch (Students to bring their own in a clearly labelled plastic bag)
12:30 Afternoon activities start
6:00 Dinner
7:00 Evening activities start

**Friday:**
8:00 Breakfast
9:00 Morning activities
12:30 Lunch
1:30 Depart Campaspe Downs
3:15 Arrive back at CGPS for regular school pick up

It is the school’s expectation that all students attend school camp. It is an important part of the 1/2 curriculum and an excellent opportunity for students to develop the skills of confidence, resilience, independence and teamwork.

Please see the attached permission note to complete and return to school before Monday 4th May. You can access more information about the camp on the following website: [www.pgladventurecamps.com.au](http://www.pgladventurecamps.com.au)
If you have any further enquires please see any of the year 1/2 staff.

Regards,

Alicia, Mirella, Mel, Rachel and Jessica
GRADE 1/2 CAMP 2015
PGL ADVENTURE CAMPS- CAMPASPE DOWNS
Thursday 28th May - Friday 29th May

I give permission for my child ......................... in grade ............... to attend the camp at Campaspe Downs, Kyneton from Thursday 28th May - Friday 29th May. In case of an emergency, I authorise the camp staff to consent, where it is impractical to contact me, to my child receiving such medical and/or surgical treatment as may be deemed necessary. I agree to pay all costs incurred.

TWO PAYMENT OPTIONS (please tick one)

OPTION 1: PAYMENT OF THE ENTIRE COST
TOTAL CAMP COST $150 to be paid by Monday 4th May

OPTION 2: INITIAL DEPOSIT AND REMAINING CAMP PAYMENT
CAMP DEPOSIT $70 (Paid by Friday 24th April)
REMAINING CAMP FEES $80 (Paid by Monday 4th May)

If your child is unable to attend camp please fill out the form below and classroom teachers will be in contact with you:
My child ................................ will not be attending the Campaspe Downs Camp in 2015 because ...........................................................
........................................................................................................................................................................
........................................................................................................................................................................

If you require any further assistance with the payment plan, please contact your child’s classroom teacher as soon as possible.

PARENT NAME: ___________________________ PARENT SIGNATURE _______________________

CONTACT TELEPHONE NUMBER _________________________ DATE _______________________

Carlton Gardens Primary School
No. 2605
215 Rathdowne Street, Carlton 3053
Phone: 9663 6502
Fax: 9639 1220
e-mail: carlton.ps.rathdowne@edumail.vic.gov.au
web address: www.carltongardens.vic.edu.au
Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name: 1/2 Camp- Campaspe Downs, Kyneton  
Date(s): 28/05/15- 29/05/15

Student’s full name:

Student’s address: Postcode:

Date of birth: Year level:

Parent/guardian’s full name:

Name of person to contact in an emergency:

Relationship to child

Emergency telephone numbers: After hours Business hours

Name of family doctor:

Address of family doctor:

Medicare number:

Medical/hospital insurance fund: Member number:

Ambulance subscriber? □ Yes □ No If yes, ambulance number:

Is this the first time your child has been away from home? □ Yes □ No

Please tick if your child suffers any of the following:

☐ Asthma (if ticked complete Asthma Management Plan)  ☐ Bed wetting  ☐ Blackouts
☐ Diabetes  ☐ Dizzy spells  ☐ Heart condition  ☐ Migraine
☐ Sleepwalking  ☐ Travel sickness  ☐ Fits of any type

☐ Other: _____________________________________________

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Allergies
Please tick if your child is allergic to any of the following:

☐ Penicillin
☐ Other Drugs: ____________________________

☐ Foods: _______________________________________

☐ Other allergies: _______________________________________

What special care is recommended for these allergies? _______________________________________

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))

Special Dietary Requirements
Does your child require any special dietary requirements? ☐ Yes ☐ No
If yes, please specify.

Medication
Is your child taking any medicine(s)? ☐ Yes ☐ No
If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the teacher-in-charge. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent
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 any medical or surgical attention deemed necessary by a medical practitioner.
• Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above) ____________________________
Date:

The Department of Education and Early Childhood Development requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child’s participation and a Parent Consent form. If you have further questions, contact the school before the program starts.