



WALLACIA PUBLIC SCHOOL
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Monday 27 August 2018

The Great Aussie Bush Camp – STAGE 3

Dear Parents and Care Givers,

Our trip to The Great Aussie Bush Camp from Monday 12th to Wednesday 14th November will be here before we know it. The trip will be extremely enjoyable for all students attending. Over the three days students will be involved in many activities including: Abseiling, Archery, Fencing, Giant Swing, High Ropes, Leap of Faith, Rock Climbing, Tree Climb, County Fair, Orientation/ Peer Support and Commando Spot lighting. Some activities are designed to build confidence at heights, whilst other activities build coordination and promote positive teamwork.

Attached to this letter are the following forms:

- Gear Checklist
- Medical and Consent Form - Child
- Current Medication/Dietary Requirement Form

Could you please ensure the **Medical and consent form** and the **Current medication/dietary requirement form** is returned before the end of week 9, by Friday 21st of September 2018.

Please contact me at school if you have any concerns or questions.

Kind Regards,

Mr James Kelly
5/6 Classroom Teacher



Gear Checklist - Children (Based on a 3 day camp)

PLEASE CLEARLY NAME ALL ITEMS

MEDICATION NEEDS TO BE GIVEN TO THE ORGANISING TEACHER

It is a good idea for students to pack their own bags so that they can re pack for the trip home.

- Water bottle
- Cup (used for morning/afternoon tea and supper)
- Raincoat (regardless of forecast)
- Hat or cap
- Sleeping bag (extra blanket in winter)
- Pillow
- Sunscreen
- 1 pair pyjamas (tracksuit in winter)
- Day pack (small backpack for water, sunscreen, etc)
- Torch (make sure it works before you leave home)
- Toiletries (including toothbrush!)
- Insect repellent
- 2 pairs of runners (1 old pair for water activities).
- Thongs - only for going to and from showers.
- 3 T-shirts needed, no singlet / tank tops / midriff tops (for safety on activities)
- 3 sets of underwear
- 3 pairs of shorts - NO MINI SHORTS (for safety on activities)
- 3 pairs of track pants
- 2 sloppy joes / windcheaters
- 3 pair socks
- Bath towel
- Beach Towel & swimmers
- Tissues / hankies
- Plastic bags for wet clothes / towels





Medical and Consent Form - Child

Name of School: _____ School year: _____

Student Details:

Surname: _____ Given Names: _____

Address: _____

Postcode: _____ Date of Birth: ____/____/____ Male Female

Parent / Guardian Details:

Please Tick : Mother / Guardian Father / Guardian Other Contact

Full name of Parent / Guardian: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medicare Number: _____ Expiry Date: ____/____/____

Student Name on Card: _____

Patient Number on card: _____

Ambulance Cover: Yes No

Private Health Fund Name: _____ Health Fund member number: _____

Is your child in good health? Yes No

Does your child require regular medication? Yes No

Does your child suffer from any Chronic Illness / Injury / Allergies?
If yes, please specify? Yes No

Parent / Guardian Signature _____ Date: ____/____/____



Current Medication / Dietary Requirements

School: _____ Student Name: _____

Time and Dosage - Please specify exact time of medication

Medication Name	Breakfast		Lunch		Dinner		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Regulations require that all medication must be provided in the original container / packaging
 Teachers will collect & administer all medication.

Has your child suffered from any Acute Illness in the past four months? If yes, details.	Yes	No
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Has your child been treated by a doctor in the past four weeks? If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.	Yes	No
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Has your child had any major surgery? If yes, please specify.	Yes	No
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Is your child's Immunisation up to date, including tetanus? if yes, what year was the last booster given?	Yes	No
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Does your child wet the bed?	Yes	No
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Does your child sleep walk?	Yes	No
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Do you give permission for Panadol to be administered if required?	Yes	No
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Does your Child have any Dietary Requirements? if YES please specify:	Yes	No
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Water or Swimming Activities:

In relation to any proposed water or swimming activities, my child: Name: _____

(Please tick ✓ one:)

STRONG SWIMMER

AVERAGE SWIMMER

POOR SWIMMER

NON-SWIMMER

