WALLACIA PUBLIC SCHOOL 1573-1585 MULGOA ROAD WALLACIA NSW 2745

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Principal: Mr Mark Davies

Stage 3 Camp: Checklist and Notes

Dear Parents and Carers,

Please find below several notes to fill in regarding 'The Great Aussie Bush Camp' at Kincumber.

- Medical and Consent Form;
- Parent or Guardian Consent Form/Activity Restrictions;
- Medication and Dietary Requirements (on this form is also a box to indicate to your child's swimming ability); and
- Souvenir Shop Price List/Order Form (these can be pre-ordered, however this is optional).

These forms need to be returned by *Friday, 14 October, 2016* (Week 1, Term 4).

Also attached is a list of all the items students will need to bring to camp. It also indicates items students are not allowed to bring.

Kind Regards, Mr Tim Boyd Stage 3 Teacher/Camp Organiser

Mr Mark Davies Principal



Medical and Consent Form - Child

Name of School:			_ School	year:		
Student Details:						
Surname:	(Given Names: .				
Address:						
Postcode:	Date of E	3irth:/	1	_ M	lale 🗖	Female
Parent / Guardian De	talls:					
Please Tick 🖌 : 🛛 M	lother / Guardian 🗖	Father / Gua	urdian 🗖	C	ther Cont	act 🗖
Full name of Parent / C	Guardian:					
Home Phone:	W	ork Phone:		M0	obile Phor	ıe:
Medicare Number:		Expiry	/ Date:	/ /		
Student Name on Card	1:					
Patient Number on car	d:					
Ambulance Cover:	Yes 🔲 No 🗖					
Private Health Fund Na	ame:		Health F	Fund member	r number:	
Is your child in good he	ealth?			Yes 🗖	No	
Does your child require	e regular medication?			Yes 🗖	No	
Does your child suffer If yes, please specify?	from any Chronic Illnes	s / Injury / Aller	gięs?	Yes 🗖	No	
Parent / Guardian Sigr	nature				Date:	//

Parent or Guardian Consent / Activity Restrictions

Name of School:

__ School Year: ___

All activities are instructed by highly trained team members, your child's teachers are also always present at activities and free time

Please peruse the activity list included. Activities are planned with the age and ability of the students involved in mind. Time constraints may prevent students being able to do every activity listed, however if there are any activities that your child is not permitted to participate in, for medical or personal reasons, please inform your child and give details:

I agree to my child / children ____ _____ participating in all the activities at The Great Aussie Bush Camp.

I understand that although The Great Aussie Bush Camp and its service providers attempt to minimise any risk of personal injury to my child, there is an inherent risk of personal injury in the physical activities that will be undertaken as part of this program.

In understanding the above I agree to release The Great Aussie Bush Camp and its employees, agents and contractors from and against all claims, demands, suits, losses and liability whatsoever for any accident, injury, damage or loss occasioned during the child's participation in the program and their time at camp unless such claim has arisen as a direct result of some negligent act or omission or misconduct on the part of The Great Aussie Bush Camp or its employees, agents or contractors.

In the event of an emergency, and I am unable to be contacted, I authorise for my child to receive any medical treatment that is deemed necessary. I also undertake to cover any costs that may be incurred with any medical treatment received, ambulance transport and medication while my child is at The Great Aussie Bush Camp.

Full Name of Parent / Guardian: _____ Date: ____ / ___/

Signature: ____

Media Consent

(Cross out whichever does not apply)

I agree / I do not agree to allow The Great Aussie Bush Camp to use any photographs, sound and / or film recordings taken of my child while they are at camp, for the promotion of this facility in the media and advertising programs.

Full Name of Parent / Guardian:

_____ Date: / /

Signature: ____

Current Medication / Dietary Requirements

School: ____

____ Student Name: _____

Time and Dosage - Please specify exact time of medication

	Breakfast	akfast Lunch		Dinner		Other		
Medication Name	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
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

Has your child had any major surgery? If yes, please specify.	Yes	No

Is your child's Immunisation up to date, including tetanus?	Yes	No
If yes, what year was the last booster given?		
Does your child wet the bed?	Yes	No

Does your child sleep walk?	Yes	No
Do you give permission for Panadol to be administered if required?	Yes	No
Does your Child have any Dietary Requirements?	Yes	No
If YES please specify:		

Water or Swimming Activities:

In relation to any p	proposed water or swimming	activities, my child: Nam	ie:
(Please tick 🗸 on	ie:)		

STRONG SWIMMER

AVERAGE SWIMMER 🗖

POOR SWIMMER

NON-SWIMMER

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
- Optional camera, money for souvenirs.



Souvenir Shop Price List / Order Form

Please feel free to use this form to pre order items from our souvenir shop. Your pre ordered items will be packaged together and distributed prior to your departure. Alternatively you may wish to visit the souvenir shop prior to departure to browse the shelves and make your purchase.

Souvenir	Price	Quantity	Total Price
Aussie Bush Camp Temporary Tattoo 2 for	\$1.00		
Aussie Bush Camp Wrist Band	\$2.00		
Aussie Bush Camp Lanyard	\$2.00		
Aussie Bush Camp Hand Ball	\$5.00		
Aussie Bush Camp Drawstring Bag	\$2.00		
Aussie Bush Camp Drink Bottle	\$5.00		
Aussie Bush Camp Soft Toy Kangaroo	\$6.00		
Aussie Bush Camp Soft Toy Koala	\$6.00		
Aussie Bush Camp Character	\$6.00		
Aussie Bush Camp Crystal	\$6.00		
Boomarang	\$8.00		
Aussie Bush Camp Cap	\$10.00		
Souvenir bag 1:	\$10.00		
Tote Bag, Drink Bottle, Sticker & your choice of a 🖵 Cap o	Boomerang		
	TOTAL \$		

Student Name:

School: _

_____ Amount Given: \$____

(Must be exact amount - NO CHANGE WILL BE GIVEN)

If we are out of stock of any of the above items, a full refund will be given.

Teachers Note: Pre Order Forms and / or money to be handed to management on arrival for safe keeping and preparation of pre ordered items.