



St Joseph's School

Millar Street, Waroona, Western Australia

PO Box 129, Waroona WA 6215

Telephone: (08) 9782 6500 Facsimile: (08) 9782 6590

Email: admin@stjoeswaroona.wa.edu.au

24/02/17

Dear Parents,

Venue: Camp Quaranup, Albany

Date: 29th May–02nd June, 2017

Time: Depart school at 9.00am Monday, 29th May
Return to school at 2.45pm Friday, 2nd June

Requirements: See attached List. Please ensure all items are clearly labelled.

Transport: Via Coach and driver hired from Paul Anzellino

Supervisors: Mr Bienkowski, Miss Figueiredo and TBA

A medical form and all permission slips are attached to this letter. Please complete this form and return it to school by the end of Week 8 (March 24th). If your child requires medication on camp, this needs to be packed together, clearly labelled (with name and instructions) and handed to Miss Figueiredo on the day of departure.

Please be aware that each student will be rostered on kitchen and cleaning duties, involving clearing and wiping of tables, washing and drying of dishes, as well as sweeping of floors. It would be greatly appreciated if you could ensure your child has developed these special skills prior to departure.

Yours sincerely,

Sophie Figueiredo
Year 6 Class Teacher



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24th February 2017

2017 Albany Camp Cost

Dear Parents,

The camp costs \$366 for all activities, four nights and five days accommodation, travel costs, as well as all meals. **Thank you to the P and F for the donation of \$1500, as you can imagine this has reduced the cost of the camp for everyone.**

For your information, here is a general breakdown of the camp costs:

Accommodation and food	\$6506
Bus	\$3000
Activities:	\$1495
Minus the donation from P&F	-\$1500
Total cost	\$9501
Cost to parents	\$366

Please pay the \$366 Camp Fee by the end of Week 1 in Term 2, the final date being Friday 28th April.

If you are unable to pay by Friday 28th April, please see me or Mr Bienkowski as soon as possible to make arrangements – A payment plan can be organised.

Yours sincerely

Sophie Figueiredo

ST JOSEPH'S SCHOOL
CAMP MEDICAL INFORMATION SHEET

Please note: The information provided on this sheet will be treated with strict confidentiality. Only Mr Bienkowski and Miss Figueiredo will have access to it.

NAME: _____ D.O.B. _____

ADDRESS: _____

MUM'S PHONE: _____ WORK: _____ MOBILE: _____

DAD'S PHONE: _____ WORK: _____ MOBILE: _____

CONTACT IF NO ONE ELSE CAN BE REACHED: _____

HOME PHONE NO: _____ WORK: _____ MOBILE: _____

MEDICAL INSURANCE? YES/NO NAME OF FUND AND MEMBER #: _____

AMBULANCE COVER? YES/NO MEDICARE NUMBER: _____

DOCTOR'S NAME: _____ PHONE NO: _____

TETANUS BOOSTER IN THE LAST 12 MONTHS? YES/NO _____

PLEASE CIRCLE ANY MEDICAL CONDITIONS BELOW YOUR CHILD SUFFERS FROM:

Heart Problems	YES/NO	Diabetes	YES/NO
Asthma/Respiration Issues	YES/NO	Blood Pressure	YES/NO
Bed Wetting	YES/NO	Epilepsy	YES/NO
Drug Allergies	YES/NO	Phobias	YES/NO
Food Allergies	YES/NO	Recent Illness or operation	YES/NO
Other Allergies	YES/NO	Bed Wetting	YES/NO
Other Issues	YES/NO		

Please give details of anything marked "YES" above:

Please give details of any medication being taken by your child including dosage, frequency etc.
ALL MEDICATIONS MUST BE CLEARLY LABELLED AND GIVEN TO THE TEACHERS.

I hereby authorise the teacher in charge, or a representative, to obtain medical attention as may be deemed necessary and I understand that I am responsible for the costs. I further authorise qualified practitioners to administer anaesthetic and blood transfusions if the necessity arises.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



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Year Six Camp - Permission Slips

Name of Child: _____

I give permission for my child to attend the Year 6 camp from May 29- June 2nd at Camp Quaranup in Albany. I acknowledge that they will be travelling by bus to, from and throughout the duration of camp. I also give permission in case of an emergency, for my child to travel in Mr Bienkowski's car or ambulance to obtain medical attention, if needed.

Parent signature: _____ Date: _____

Excursions: I give permission for my child to attend and participate in all excursions while at camp.

Parent signature: _____ Date: _____

Medication: Details of medication (frequency, dosage etc.) are to be sent in writing to Miss Figueiredo. Please ensure that any medication required is labelled with your child's name and given to Miss Figueiredo upon arrival at school, prior to departure for camp.

I give permission for the teachers to administer medication, as per my instructions.

Parent signature: _____ Date: _____

I give permission for the teachers to administer any over the counter medication, as per instructions on the label, as required.

Parent signature: _____ Date: _____

PG Movies: I give permission for my child to watch PG rated movies on camp.

Parent signature: _____ Date: _____

Behaviour Pact: Consideration for others and co-operation with others will be expected at all times. Anyone not abiding by the camp rules will be asked to leave, because they are spoiling the enjoyment of the experience and possibly endangering the lives of others. Their parents will be contacted to collect them.

I _____ and my parent/s _____ agree to these conditions.

Student signature: _____

Parent/s signature: _____ Date: _____

CAMP PACKING LIST

All articles are to be clearly labelled

- Sleeping bag
- Pillow & pillowslip
- Fitted, or flat sheet
- 1 pair thongs to wear in the showers and in the evenings
- Sleeping attire (pyjamas, or tracksuit)
- Torch
- Personal toiletries (roll-on deodorant, soap, toothpaste and toothbrush, hairbrush and/or comb, shampoo, etc.)
- Sunscreen
- Underwear for 5 days
- 2 towels
- Casual warm clothes – eg. jeans, tracksuit, windcheater/jumper
- Casual cool clothes – eg. shorts and t-shirts
- Insect repellent (roll on please)
- Joggers/sneakers/walking shoes
- Socks – one pair for each day
- Hat/cap
- Refillable water bottle
- Raincoat, or weatherproof jacket
- Recess, lunch and a water bottle for Monday
- Large plastic bag for dirty laundry
- Pencil case with writing materials
- A book, or magazine to read
- Back pack/day pack
- Camera
- Some lollies/snacks however NO bubble-gum or chewing gum
- A hand reel with a lure (no rods or bait permitted) if they would like to 'attempt' fishing.

NOT PERMITTED

Money, jewellery, electronic games/gadgets, iPads, mobile phones, bubble/chewing gum, aerosols (eg deodorant)

CAMP CONTACT DETAILS (to be used only in case of emergency)

Mr Bienkowski's Phone: 0477 360 995
Camp Quaranup Phone: 08 9844 4087