

St Joseph's School

Millar Street, Waroona, Western Australia PO Box 129, Waroona WA 6215 Telephone: (08) 9782 6500

Email: admin@stjoeswaroona.wa.edu.au Web Site: www.stjoeswaroona.wa.edu.au

Dear Parents,

We are very excited about the Year 6 Camp coming up! This year we have booked an adventure camp that will involve many opportunities for team building and personal challenges:

Venue:

Woodman Point Recreation Camp, Munster (near Fremantle).

Date:

Wednesday 2nd June 2021 – Friday 4th June 2021

Time:

Depart school at 8:50am on Wednesday 2/6/21

Return to school at 2:30pm on Friday 4/6/21

Requirements:

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

Supervisors: Mrs Melissa Fuller, Mr Peter Hazebroek, Mrs Michelle Ward and

Mr Michael O'Dwyer.

A medical form and permission slips are attached to this letter. Please complete all forms and return them to school by <u>Friday</u> 14th May (Week 4). A Parent Information Session will held in the school Library at 1:45pm on Monday 17th May (week 5).

If your child requires medication on camp described on the medical form, this needs to be packed together in a snap-lock bag, clearly labelled (with name and instructions) and handed to Mrs Fuller on the day of departure.

Most questions will be answered at the camp meeting, it is important that you please attend to discuss what will be happening and our expectations.

Yours sincerely,

Melissa Fuller Year 6 Teacher



Please note: The information provided on this sheet will be treated with strict confidentiality. Only Mr O'Dwyer, Mrs Hodgson and Mrs Fuller will have access to it.

NAME:		D.O.B.
ADDRESS:		¥
1 st Contact PHONE:	WORK:_	MOBILE:
2 nd Contact PHONE:	WORK:	MOBILE:
CONTACT IF NO ONE ELSE	CAN BE REACHE	D:
HOME PHONE NO:	WORK:	MOBILE:
MEDICAL INSURANCE? Y	ES/NO NAME OF	FUND AND MEMBER #:
AMBULANCE COVER? YES	S/NO MEDICAR	E NUMBER:
DOCTOR'S NAME:		PHONE NO:
TETANUS BOOSTER IN TH		
PLEASE CIRCLE ANY MED	ICAL CONDITIONS	S 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		Phobias YES/NO
Food Allergies	YES/NO 1	Recent Illness or operation YES/NO
Other Allergies	YES/NO (Other Issues YES/NO
Anaphylaxis/EpiPen	YES/NO	
Dietary Requirements:	3 2 2	
Nuts Egg	dluten Free	Diabetic Vegan Vegetarian
Lactose Dairy	Preservatives	Religious Other
		your child including dosage, frequency etc. ELLED AND GIVEN TO THE TEACHERS.
Is there anything else you woul	d like us to know?	
I hereby authorise the teacher in necessary and I understand that administer anaesthetic and bloo	I am responsible for	ntative, to obtain medical attention as may be deemed the costs. I further authorise qualified practitioners to necessity arises.
PARENT/GUADDIAN SIGNA	TIDE	DATE



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2021 Year Six Camp - Permission Slip

Name of Child:		
Woodman Point Recreational Camp in from the camp.	the Year 6 camp from 2 nd June 2021 to 4 th June 2021 inc Munster. I acknowledge that s/he will be travelling by buravel in the school car or by ambulance to obtain medical	is to and
	l requirements (please list in detail)	
	Date:	
Medication: Details of medication (free ensure that any medication required is lat school, prior to departure for camp.	quency, dosage etc.) are to be sent in writing to Mrs Fulle abelled with your child's name and given to Mrs Fuller u	er. Please ipon arrival
I give permission for the teacher to adm	inister medication, as per my instructions.	
Parent signature:	Date:	
I give permission for the teacher to admass required.	ninister over the counter medication, as per instructions of	n the label,
Parent signature:	Date:	
PG Movies: I give permission for my c	hild to watch a PG rated movie on camp.	
Parent signature:	Date:	
Behaviour Agreement: It is required the directions and guidelines. Failure to con-	nat all students will always follow the teachers' and camp inply with these instructions may result in a student being cause danger to themselves and/or other students.	instructors' asked to
Consideration and co-operation with oth Any student who does not abide by the be asked to leave.	ners will always be expected and forms part of the camp camp rules or whose behaviour causes continual disruption	experience. on may also
In both instances, parents will be contact Recreational Camp in Munster at their of	eted and required to collect the student from Woodman Pown expense.	oint
Iabide by the above conditions.	and my parent/s a	igree to
Student signature:	<u> </u>	
Parent/s signature:		

2021 CAMP PACKING LIST

NOT PERMITTED:

Money, jewellery, electronic games/gadgets, iPads, laptops, mobile phones, bubble/chewing gum, aerosols (eg deodorant or body spray).

All articles are to be clearly labelled:

- Refillable water bottle
- Hat
- Bathers
- Beach towel
- Sleeping bag
- Pillow & pillowslip
- Fitted, or flat sheet
- 1 pair thongs to wear in the showers and in the evenings
- Sleeping attire (pyjamas)
- Torch
- Personal toiletries (roll-on deodorant, soap, toothpaste and toothbrush, hairbrush and/or comb, shampoo, etc.)
- Small tube of sunscreen (school will also provide sunscreen)
- Underwear for 4 days
- One bath towel
- Casual warm clothes for evening activities eg. jeans, tracksuit, jumper
- Casual cool clothes eg. shorts and t-shirts
- Insect repellent (roll on please)
- Joggers/sneakers/walking shoes
- Socks one pair for each day
- Lightweight weatherproof jacket
- Large plastic bag for dirty laundry
- A book or magazine to read
- Back pack/day pack (take on the bus)
- 2 bags lollies/snacks however NO bubble-gum or chewing gum

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

Woodman Point Recreation Camp: 08 9492 9797