



MOUNT WAVERLEY  
**HEIGHTS**  
PRIMARY SCHOOL

36 Solomon St, Mount Waverley, VIC, 3149  
T: (03) 9807 8120 F: (03) 9888 1921  
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Monday 7<sup>th</sup> October 2019

Dear Parents,

## 2019 Grade 3/4 Camp Rumbug

The year 3/4 students will be attending Camp Rumbug this term. This adventure camp will give students the opportunity to join in lots of exciting adventure activities. We encourage all students to attend camp as it is an important part of the school year and provides many valuable learning opportunities.

Dates of Camp: **Wednesday 27<sup>th</sup> of November to Friday 29<sup>th</sup> of November.**

A more detailed itinerary will be sent home closer to the date.

Attached is a medical form and permission form which should be returned to school with the deposit by Tuesday the 15<sup>th</sup> of October.

The total cost of camp is **\$331**. To assist, we have provided a payment schedule below. Please make sure that you have paid the deposit of **\$131** by Tuesday 15<sup>th</sup> of October. If you wish to pay the lump sum, please do so by the 15<sup>th</sup> of October using the attached slip.

Costing's are based on 45 students attending. If numbers fall below this, a new updated payment schedule will be sent out as soon as possible.

### Payment details:

- Deposit of **\$131 due Tuesday the 15<sup>th</sup> of October**
- Payment 1 of **\$100 due Tuesday the 29<sup>th</sup> of October**
- Payment 2 of **\$100 due Tuesday the 12<sup>th</sup> of November**

If you would prefer to pay the total cost of **\$331 in a lump sum** you could also do so by **Tuesday 15<sup>th</sup> of October**. Please return the medical form along with your first/full payment.

Kind regards,

Lindsay Playsted and Lucas Ryan  
3/4 Teachers



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## Payment 2 – Year 3/4 Camp Rumbug 2019 – DUE Tuesday 12<sup>th</sup> of November 2019

Please find payment of **\$100** included as the fourth and final payment for the Year 3/4 Camp Rumbug

Student name: ..... Class: .....

Enclosed payment of **\$100** Cash/Cheque/EFTPOS details (fill in slip below if needed)

Parent/Guardian name: .....Signature: .....

**EFTPOS Payment Form – Mount Waverley Heights Primary School** Payment for: **Year 3/4 Camp Rumbug 2019**

Debit My:                    Mastercard                    Visa

Amount: \$ \_\_\_\_\_ Card Expires:  /

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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## Payment 1 – Year 3/4 Camp Rumbug 2019 – DUE Tuesday 29<sup>th</sup> of October 2019

Please find payment of **\$100** included as the third payment for the Year 3/4 Camp Rumbug

Student name: ..... Class: .....

Enclosed payment of **\$100** Cash/Cheque/EFTPOS details (fill in slip below if needed)

Parent/Guardian name: .....Signature: .....

**EFTPOS Payment Form – Mount Waverley Heights Primary School** Payment for: **Year 3/4 Camp Rumbug 2019**

Debit My:                    Mastercard                    Visa

Amount: \$ \_\_\_\_\_ Card Expires:  /

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



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## Deposit– Year 3/4 Camp Rumbug 2019 – DUE Tuesday 15<sup>th</sup> of October 2019

Please find payment of **\$131** included as the second payment for the Year 3/4 Camp Rumbug 2019

Student name: ..... Class: .....

Enclosed payment of **\$131** cash/Cheque/EFTPOS details (fill in slip below if needed)

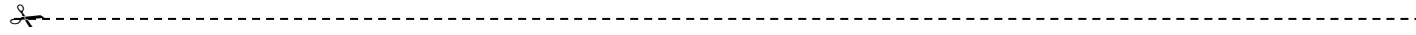
Parent/Guardian name: .....Signature: .....

**EFTPOS Payment Form – Mount Waverley Heights Primary School** Payment for: Year 3/4 Camp Rumbug 2019

Debit My:                       Mastercard                       Visa

Amount: \$ \_\_\_\_\_ Card Expires:   /

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



## FULL PAYMENT – Year 3/4 Camp Rumbug 2019 – DUE Tuesday 15<sup>th</sup> of October 2019

Please find payment of **\$331** included as the full payment for 3/4 Camp Rumbug 2019

Student name: ..... Class: .....

Enclosed payment of **\$331** Cash/Cheque/EFTPOS details (fill in slip below if needed)

Parent/Guardian name: .....Signature: .....

**EFTPOS Payment Form – Mount Waverley Heights Primary School** Payment for: Year 3/4 Camp Rumbug 2019

Debit My:                       Mastercard                       Visa

Amount: \$ \_\_\_\_\_ Card Expires:   /

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



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**Please ensure your child returns the forms below to their classroom teacher, not the office.**

## **Permission to Attend Camp Rumbug 2019**

**WEDNESDAY 27<sup>th</sup> NOVEMBER– FRIDAY 29<sup>th</sup> NOVEMBER 2019**

I have read all of the above information provided by the school in relation to Camp Rumbug, including any attached material.

My child (name) \_\_\_\_\_

Tick one:

- Will be** attending Camp Rumbug.
- Will not be** attending Camp Rumbug

If needed, I am willing to collect my child from camp (for medical/behaviour reasons).

I give permission for the teacher in charge to arrange for such medical attention as may be deemed necessary should the teacher be unable to contact me.

Parent/guardian: \_\_\_\_\_ (full name)

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

In case of emergency I can be contacted on:

\_\_\_\_\_ OR:

\_\_\_\_\_



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## DEPARTMENT OF EDUCATION MOUNT WAVERLEY HEIGHTS PRIMARY SCHOOL Camp Rumbug 27<sup>th</sup> November- 29<sup>th</sup> November 2019

Confidential Medical Information for School Council approved School Excursions  
(Please complete and return with deposit on Tuesday 15<sup>th</sup> of November, 2019)

This information is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

Child's Name .....

Date of Birth:..... School Year: .....

Parent's/Guardian's Full Name: .....

Address: .....

Postcode: .....

Telephone Contact Details:

After Hours:..... Business Hours:.....

Mobile:.....

Name and Address of Family Doctor: .....

Medicare No: .....

Medical/Hospital Insurance Fund: ..... Contribution No: .....

Ambulance member number: .....

### Conditions:

Please tick if your child suffers any of the following conditions:

- Bed wetting
- Fits of any type
- Heart condition
- Asthma
- Diabetes
- Dizzy spells
- Sleepwalking
- Blackouts
- Migraine
- Travel sickness

Other.....

What special care is recommended for the above conditions?

.....  
.....

### Allergies:

Please tick if your child suffers from an allergy to any of the following:

- Penicillin
- Other Drugs (please specify): \_\_\_\_\_
- Any foods (please specify): \_\_\_\_\_
- Other Allergies (eg. hayfever, pollens, bee stings etc) (please specify): \_\_\_\_\_

What special care is recommended for the above allergies?

.....



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**Dietary Requirements:**

**Please tick if your child has any special dietary requirements:**

(Parents may be required to provide food for their own child to meet special dietary requirements-depending on Camp Rumbug catering)

- Vegetarian                                       Vegan                                       Coeliac
- Other (please specify):

**Tetanus Immunisation**

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])

**Tablets and Medicines**

Is your child presently taking tablets and/or medicine? **YES/NO (please circle)**

IF YES, please state name of medication, dosage etc.....  
.....

**Permission to administer Panadol:**

If my child requires Panadol for headache or pain I give my permission for the teacher to administer according to the dosage on the package: **YES/NO (please circle)**

**Please note: if you circle 'yes', you must provide your child with their own Panadol, to be given to the teacher in charge of first aid on the morning of camp departure, listing dosage requirements etc.**

**All medication must be handed to the teacher in charge of first aid prior to camp departure:**

- All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first-aid centre and distributed as required).
- If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

**Previous Experience**

Is this the first time your child has been away from home? **YES/NO (please circle)**

**CONSENT TO MEDICAL ATTENTION at Camp Rumbug (27<sup>th</sup> November - 29<sup>th</sup> November 2019)**

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 such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first-aid as the teacher in charge may judge to be reasonably necessary

**Signature of Parent/Guardian:** .....

**Date:** .....

*The Department of Education requires this consent to be signed for all students attending school excursions.  
Note: Parents/guardians should provide written approval prior to their child taking part in any excursion.*

**Any other information that may be necessary for the teachers in charge of the camp to be aware of:**

.....  
.....