



MOUNT WAVERLEY
HEIGHTS
PRIMARY SCHOOL

36 Solomon St, Mount Waverley, VIC, 3149
T: (03) 9807 8120 F: (03) 9888 1921
E: mountwaverley.heights.ps@edumail.vic.gov.au
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Friday 24th March 2017

Dear Parents,

2017 Grade 5/6 Camp Canberra

As part of our curriculum focus the 5/6 students will be visiting Canberra. This camp covers many aspects of our curriculum including, Civics and Citizenship, specifically the parliamentary system.

Dates of Camp: **Monday 26th of June to Friday 30th of June.**

The program, over the five days, has been prepared for us by GET based on our inquiry unit for Term 2 'Government, Got it? Get it? Good.' which focuses primarily on the parliamentary system. This camp will include many day trips. Included in this camp is a visit to Parliament House, the Royal Australian Mint, the Australian Institute of Sport, and the Australian War Museum. Whilst this is not an extensive list, Canberra will offer our students many exciting opportunities to see their studies in action.

Attached is a medical form which should be returned to school with the deposit on Tuesday the 18th of April

The total cost for camp is \$570. This cost is inclusive of the \$30 PACER rebate per student. The \$200 deposit is required by Tuesday the 18th of April. The deposit must be paid by the due date so we can finalise staffing and booking arrangements with three further payments to follow.

Costing's are based on 35 students attending. If numbers fall below this a new updated payment schedule will be sent out as soon as possible. We do require a certain number of students to attend camp in order for the camp to go ahead. If there are any changes to our plans you will be notified as soon as possible.

Payment details:

- Deposit of **\$200.00 due Tuesday the 18th of April**
- Payment 1 of **\$100.00 due Tuesday the 2nd of May**
- Payment 2 of **\$120.00 due Tuesday the 16th of May**
- Payment 3 of **\$150.00 due Tuesday the 30th of May**

If you would prefer to pay the total cost of **\$570 in a lump sum** you could also do so by **Tuesday 18th of April**. Please return the medical form along with your first/full payment.

Kind regards,
Lindsay Hannah
5/6 Camp co-ordinator



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Payment 3 – Year 5/6 Canberra Camp 2017 – DUE Tuesday 30th of May 2017

Please find payment of **\$150** included as the fourth and final payment for the Year 5/6 camp to Canberra

Student name: Class:

Enclosed payment of **\$150** 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 5/6 Canberra Camp 2017

Debit My: Mastercard Visa

Amount: \$ _____ Card Expires: /

Name: _____ Signature: _____

Payment 2 – Year 5/6 Canberra Camp 2017 – DUE Tuesday 16th of May 2017

Please find payment of **\$120** included as the third payment for the Year 5/6 camp to Canberra

Student name: Class:

Enclosed payment of **\$120** 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 5/6 Canberra Camp 2017

Debit My: Mastercard Visa

Amount: \$ _____ Card Expires: /

Name: _____ Signature: _____



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Payment 1 – Year 5/6 Canberra Camp 2017 – DUE Tuesday 2nd of May 2017

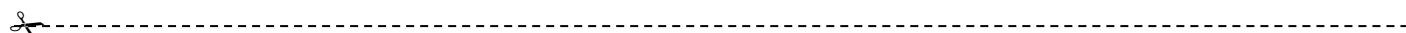
Please find payment of **\$100** included as the second payment for the Year 5/6 camp to Canberra

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: <u>Year 5/6 Canberra Camp 2017</u>
<u>Debit My:</u>	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Amount: \$ _____	Card Expires: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Name: _____	Signature: _____	



Deposit – Year 5/6 Canberra Camp 2017 – DUE Tuesday 18th of April 2017

Please find payment of **\$200** included as the first payment for the Year 5/6 camp to Canberra

Student name: Class:

Enclosed payment of **\$200** Cash/Cheque/EFTPOS details (fill in slip below if needed)

Parent/Guardian name:Signature:

EFTPOS Payment Form – Mount Waverley Heights Primary School		Payment for: <u>Year 5/6 Canberra Camp 2017</u>
<u>Debit My:</u>	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Amount: \$ _____	Card Expires: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Name: _____	Signature: _____	



Permission to Attend Canberra Camp 2017

Grade 5/6 Camp to Canberra

Monday 26th June – Friday 30th June 2016

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

I give permission for my daughter/son _____ (full name) to attend.

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

I/We give my/our 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/us.

Parent/guardian: _____ (full name)

_____ (signature) _____ (date)

In case of emergency I can be contacted on:

_____ OR:

✂-----

OR

Permission to Attend Canberra Camp 2017

Grade 5/6 Camp to Canberra

Monday 26th June – Friday 30th June 2017

(Please return this permission form on/before **Tuesday 21st of February**)

My child: _____ will not be attending the Grade 5/6 Camp to Canberra 2017.

Parent's signature: _____

Date: _____

Please ensure your child returns this form to their classroom teacher, not the office.



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DEPARTMENT OF EDUCATION MOUNT WAVERLEY HEIGHTS PRIMARY SCHOOL

Canberra Camp 26th June- 30th June 2017

Confidential Medical Information for School Council approved School Excursions
(Please complete and return with deposit on Tuesday 18th of April, 2017)

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:

- | | | | |
|--------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Sleepwalking | |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine | <input type="checkbox"/> 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 Canberra Camp 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 Canberra Camp (26th June - 30th June 2017)

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:

.....
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