8th March 2019

Narrabeen 2019 (Camp) 19th - 22nd November

Dear Parent or Caregiver,

This year we are altering our camping program. Normally we would offer a camp for all Stage 3 students. As the Year 5 students went to an expensive camp in 2018, we are going to offer this year’s camp to Narrabeen to YEAR 6 ONLY. This year’s Year 5 will be offered the same program in 2020.

The cost for the 4 day camp is $410. To secure your child’s place at this year’s camp, please fill out this expression of interest form and send in a $10 deposit.

The closing date for expressions of interest will be Friday 22nd March.

Please note we no longer accept payments via EFTPOS. This payment can be made online via the school’s website.

The cost includes 3 nights accommodation, all meals provided including breakfast, morning tea, lunch, afternoon tea, dinner, dessert and supper, 15 instructor led activities during the day and night as well as bus fares to and from the venue.

Activities included in this camp are:
- Archery
- Beach safety
- Sailing
- Climbing Tower
- Flying Fox
- Kayaking
- Canoeing
- Team initiatives
- Ropes Course

The students will depart from the school at 8.30am on Tuesday November 19th and return to Mount Annan PS at approximately 2:40pm on Friday November 22nd. Travel will be by coach with seat belts.

Items Required:-
- Sun screen
- Covered shoes one old pair for water activities as well as one other pair (thongs and sandals are not recommended for outdoor use)
- Roll on insect repellent
- Linen: sleeping bag and pillow case is needed (a base sheet is recommended)
Toiletries
- Bath towel
- Sleep wear
- Underwear
- Swimwear
- Change of clothes for each day
- Socks
- Water bottle
- Small day pack (for carrying gear to activities)
- Plastic bag or garbage bag for dirty or wet clothes
- Hat

Please note: Electronic equipment and MOBILE PHONES are NOT allowed on camp.

Please ensure clothing is suitable for outdoor recreational use and the weather at the start of summer. The clothing may get dirty and worn so please avoid clothes you don’t want to be damaged. Please Note: Short shorts are extremely uncomfortable for harness activities so pack longer shorts or pants for use at these activities.

This is by no means a comprehensive list of everything you could possibly need. If in doubt, remember, it’s better to have it and not need it than need it and not have it.

A detailed medical and nutrition form will be sent home to ensure we can maintain duty of care for your children.

Please note: attendance on this excursion is dependent upon payment, acknowledgement of risk form, permission notes being returned by the cut off date, and students adhering to the school’s Code of Conduct.

If there are any questions or concerns please do not hesitate to ask your child’s classroom teacher.

Mr Scott Williamson
Excursion coordinator

Mrs Annette O’Neill
Principal

__________________________________________________________

Narrabeen 2019 (Camp) November 19th - 22nd
Expression of Interest

I give permission for my child ........................................ of class ........ , to attend the Year 6 Camp at Narrabeen Academy of Sport on November 19th - 22nd 2019. I understand that this expression of interest secures my child’s place on the camp providing that students adhere to the school’s Code of Conduct.

I enclose $10 as an initial deposit or my receipt number is .........................

Payment date (online) .....................

Parent’s Signature. ................................. Date .....................
Year 6 Camp
Medical and Nutritional information
(Please return ASAP)

Child's Name: _______________________________________
Class: _________

Medicare Number: ___________________________

Parent/Guardian Contact information:

Name: ____________________________ Relationship to child: _________________
Home: __________________ Work: __________________ Mobile: __________________
Adress: _____________________________________________________________________

Emergency Contacts:

Name: ____________________________ Phone: __________________
Name: ____________________________ Phone: __________________

Medical needs:

List existing medical conditions or illnesses (include asthma, diabetes, bedwetting, allergies etc.). Outline the treatment for each.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

Bitte Note:
Asthma puffers must be clearly labelled and with asthmatic students at all times. Medications must be clearly labelled with name and class and given to Mr Noonan on the morning of departure.

Nutritional needs:
Outline special dietary needs including possible reactions to inappropriate diet

Consent:
I understand that the information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other healthcare related needs about your child who is currently enrolled at the school and who will participate in the Year 6 Camp on Monday 3rd December to Thursday 6th December at TheSydney Academy of Sport, Narrabeen.

I understand that my child will receive medical treatment in the case of an emergency and parents/Guardians will be contacted.

I understand that students are responsible for their own belongings and have avoided sending valuable items such as video games, Ipads, Iphones, digital cameras, mobile phones, confectionary items and anything else valuable.

I understand that if my child misbehaves or acts dangerously towards other students, teachers, instructors and/or volunteers, consequences may occur including missing activities or being picked up by their parent/guardian.

Name: ___________________________________
Signature: ________________________________ Date: __________