

Altona Green Primary School
Oasis Camp – Grade 3/4 Camp 2017

Oasis Camp - Grade 3/4 Camp 2017 - Permission Note

To the Principal,

My child, _____, of Grade _____ has my permission to attend the Oasis Camp from Wednesday 14th of June to Friday 16th of June 2017.

I agree to meet the expenses of my child being returned to school, should it be necessary, either by a teacher accompanying my child and then returning to camp or by collecting my child from the camp personally.

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.

In the event of my child requiring transport to receive medical attention, I hereby give permission for my child to be transported as deemed appropriate.

Please circle:

I do / do not consent to my child receiving paracetamol for treatment of a minor ailment as may be deemed necessary by the teacher in charge.

Parent/Guardian's Signature: _____ **Date:** _____

Oasis Camp – Grade 3/4 Camp 2017 - Behaviour Agreement

To the Principal, Teachers, Adult Staff and Parents,

I, _____, of Grade _____ agree that while I am at the Oasis Camp I will behave in a sensible and proper manner and follow all rules in the interests of everyone's safety and wellbeing.

I will act in a friendly and co-operative manner.
I will follow all reasonable requests and instructions without delay.
I will treat all teachers, adults, leaders and students with respect.
I will respect the property of others and the camp site.
I will participate to the best of my ability in all activities.
Most of all, I will enjoy myself!

I understand that if I behave in a manner that is unacceptable to the rules and regulations of the camp and school I will be sent home.

Student's Signature: _____ **Date:** _____

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Confidential Medical Report for School Camps

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

Child's Name: _____ **Grade:** _____

Date of Birth: _____

Parent/Guardian's Full Name: _____

Address: _____

_____ Postcode: _____

Telephone: After Hours: _____ Business Hours: _____

Name, Address & Phone Number of Family Doctor/Clinic: _____

Medicare Number: _____

Medical or Hospital Insurance Fund: _____ Contribution No: _____

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

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other conditions: |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine | _____ |

Please tick if your child has allergies to:

- | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Other Drugs | <input type="checkbox"/> Any Foods | <input type="checkbox"/> Other Allergies |
|-------------------------------------|--------------------------------------|------------------------------------|--|

Please specify the nature of the allergy: _____

Please specify any special care that may be needed in an emergency related to this allergy:

Tetanus Immunisation

Child's last tetanus injection was _____ (state year).

If over ten years since last immunisation, please indicate if booster is to be arranged by parents before camp ... Booster Date: _____

Tablets and Medication

Is your child presently taking any tablets and/or medication? Yes No

If yes, please state the name of the medication, dosage, time/s to be taken, etc.

Will your child carry an asthma inhaler while at camp? Yes No

If yes, when will your child use the inhaler? _____

All medication must be handed to the teacher in charge of First Aid on the morning of departure for camp. Please ensure it is clearly labelled with your child's name, the dosage and the time/s of day it is to be taken. These will be kept in the first aid centre and distributed as required. Please do not allow children to be in possession of medication while on camp.

Special Dietary Requirements

Please list any special dietary requirements that your child has (e.g. vegetarian):

Is this the first time your child has been away from home? Yes No

Please indicate any other concerns you may have regarding your child's welfare on camp, e.g. eating habits, homesickness, anxiety ...

Parent/Guardian's Signature: _____ **Date:** _____