



# St Gregory's Primary School

PO Box 723, Queanbeyan NSW 2620  
Email: office.stgregs@cg.catholic.edu.au



18<sup>th</sup> July 2017

Year Four Camp: Warrambui 2017

Dear Year Four Families,

Year Four Camp has been booked for **Thursday 7<sup>th</sup> September - Friday 8<sup>th</sup> September 2017 (Week 8, Term 3)**.

The camp is held at the Warrambui Conference Centre in Murrumbateman. The camp provides opportunities for our students to participate in a range of activities related to developing team-building skills, including problem-solving, orienteering and an obstacle challenge. As a one-night sleepover, it is a valuable stepping-stone experience to ensure readiness for the longer camps of Year Five and Six. Accommodation is dormitory style and students will be organised into cabin groups. It is expected all Year Four students will attend camp. **Pillows and blankets are supplied to all students.** Students will need to bring their own pillow case and a bottom sheet to put on their beds.

**The final camp costing is \$145.00.** The amount includes camp accommodation fees, Warrambui staff fees, hire of facilities, meals (morning tea, lunch, afternoon tea, dinner and supper on Thursday; breakfast, morning tea and lunch on Friday) and bus transport to and from the camp.

The camp cost has been invoiced with Term 3 school fees. Please do not hesitate to contact Claire Frazer if you experience hardship in paying for the camp or fitting out children to attend. It is our school policy to include all children in all school activities.

We will be departing from St Gregory's at 9:30am on Thursday 7<sup>th</sup> September and will return to school at approximately 2:30pm on Friday 8<sup>th</sup> September.

Please complete the attached consent form and medical history and return to your child's class teacher by **Friday 4<sup>th</sup> August, 2017.**

Yours sincerely,

Garreth Wigg  
Administration Coordinator



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## SCHOOL CONSENT FORM

(Please complete and return to school by **Friday 4<sup>th</sup> August, 2017**)

Year 4 Camp - Warrambui

**Thursday 7<sup>th</sup> September - Friday 8<sup>th</sup> September 2017**

Week 8 – Term 3

As parents/guardians of ..... Class: .....

I/We give permission for him/her to participate in the Year 4 Camp to Warrambui Conference Centre, Murrumbateman, (7<sup>th</sup> – 8<sup>th</sup> September, 2017) and agree to delegate authority to the staff involved.

Teachers may take appropriate disciplinary action to ensure the safety, well-being and successful conduct of the students as a group, or individually during the camp experience.

I/We authorise the teachers and staff to obtain any medical assistance that they may deem necessary should an accident occur.

I/We agree to pay all medical expenses incurred on behalf of our child.

I/We further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

SIGNED:.....(Mother/Carer/Guardian)

SIGNED:.....(Father/Carer/Guardian)

DATE: .....



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## Medical History of Student

Child's Name: ..... Sex: ..... Date of Birth: .....

Address:.....

Parent First Name:.....Parent Surname:.....

Parent Email:.....

Telephone No:(H) ..... (W).....(Mobile):.....

Emergency Contact:.....Phone Number: .....

Medicare Number:..... (Please Tick)

1 Is he/she in good health? Yes [ ] No [ ]

2 Has he/she suffered from any acute illness during the past 4 weeks? If Yes, state nature of illness  
..... Yes [ ] No [ ]

3 Does he/she wet the bed? Yes [ ] No [ ]

4 Is he/she taking any mixture, tablets or any other form of medicine at present? Yes [ ] No [ ]  
If Yes, and the medication has been prescribed by a doctor, please obtain full written instructions from the doctor concerned.

5 Does he/she suffer from:  
a Asthma or any allergic conditions? Yes [ ] No [ ]  
b Skin conditions? Yes [ ] No [ ]  
c Diabetes? Yes [ ] No [ ]  
d Epilepsy, fits and blackouts? Yes [ ] No [ ]  
e Adverse reaction to drugs? Yes [ ] No [ ]  
If Yes, give details.....

6 Has he/she been fully immunised against tetanus? Yes [ ] No [ ]  
If Yes, in what year was the last booster injection given?.....

7 If you are a current member of an Ambulance Fund, which fund.....

8 If you are a current member of a Hospital/Medical contribution Fund, indicate:  
Which fund .....Membership Number .....

9 I/We ..... give consent for him/her to participate in the Year 4 Camp at Warrambui and agree to delegate authority to staff involved. Such staff may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity. In the event of any accident or illness, I/We authorise the obtaining of such medical assistance as the child may require. I/We further authorise qualified practitioners to administer anaesthetic if such an eventuality arises. I/We also undertake to pay medical fees and/or costs of drugs which may be incurred while child is on Camp.

..... (Signature of Parent/Carer) .....(Date)