

96 Kearney Drive,

Aspendale Gardens, 3195

## Phone: 9587 0877 Fax: 9587 0477

Principal: Cheryle Osborne

Monday 13th November, 2017

Dear Parents and Caregivers,

Year 5 students will be attending a four day camp at **Cave Hill Creek** in Beaufort, Victoria from Monday 26th March to Thursday 29th March, 2018. Cave Hill Creek is well set up for school groups and is in a beautiful setting near Ballarat, Victoria. Students will be participating in a range of activities including abseiling, mountain bike riding and canoeing with qualified instructors. We will be visiting Sovereign Hill on the way to camp as an introduction (provocation) for our Term 2 Inquiry.

**The Total Cost for camp is $375.00 which includes:**

**Transport:** to and from Beaufort including a stop-off at Sovereign Hill.

**Activities:** bike rental, instructors for the bike riding, abseiling, canoeing and entry to Sovereign Hill.

**All meals and bunkroom accommodation.**

We need to confirm numbers as soon as possible and therefore we require a $100.00 deposit by **Friday 8th December,2017.**

We strongly encourage all students to attend camp. We see school camp as a time for all students and staff to have the opportunity to bond and provide students with extension activities that cannot be catered for in the normal school environment. The Victorian Curriculum states that students in Year 5 are required to learn about and experience a variety of outdoor adventure activities in natural environments, such as bushwalking and basic orienteering. Our camp program at Aspendale Gardens Primary School strives to achieve these outcomes.

If you have any questions or concerns, please do not hesitate to contact your child’s teacher, or if it is a specific question please contact Melissa Godeassi.

Yours sincerely,

***Year 5 Teachers***

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**2018 YEAR 5 CAVE HILL CREEK CAMP**

I **WOULD LIKE** my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2017 Class: \_\_\_\_\_\_\_\_\_\_

to attend the Year 5 Cave Hill Creek Camp.

I **DO NOT** want my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2017 Class \_\_\_\_\_\_\_\_\_\_ to attend the Year 5 Cave Hill Creek Camp.

Enclosed Payment of: **$100.00** CASH CHEQUE QKR

BPAY Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OR**

**Please debit my: VISA / MASTERCARD (Circle Appropriate) Total: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD NUMBER** \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**EXPIRY DATE:** \_\_\_\_\_ / \_\_\_\_\_\_

**Name on Card:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



96 Kearney Drive,

Aspendale Gardens, 3195

## Phone: 9587 0877 Fax: 9587 0477

Principal – Cheryle Osborne

Tuesday 31st January, 2017

***YEAR 5 CAMP – CAVE HILL CREEK***

***Monday 27th March to Friday 31st March, 2017***

*Dear Parents and Caregivers,*

*For your convenience please find below a payment schedule for the payments for camp. You may follow this schedule or pay for camp in one lump sum.* ***The total Cost of Year 5 Camp is $405.00***

*Thank you,*

***Year 5 Teaching Team***

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***YEAR 5 CAMP - FINAL PAYMENT $105.00 DUE FRIDAY 17th MARCH, 2017***

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_

Enclosed Payment of: **$105.00** CASH CHEQUE QKR BPAY Ref # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD NUMBER \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

**EXPIRY DATE: \_\_ \_\_/ \_\_ \_\_**

**Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***YEAR 5 CAMP - INSTALMENT 2 PAYMENT $100.00 DUE FRIDAY 3rd MARCH 2017***

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_

Enclosed Payment of: **$100.00** CASH CHEQUE QKR BPAY Ref # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD NUMBER \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

**EXPIRY DATE: \_\_ \_\_/ \_\_ \_\_**

**Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***YEAR 5 CAMP - INSTALMENT 1 PAYMENT $100.00 DUE MONDAY 20th FEBRUARY 2017***

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_

Enclosed Payment of: **$100.00** CASH CHEQUE QKR BPAY Ref # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD NUMBER \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

**EXPIRY DATE: \_\_ \_\_/ \_\_ \_\_**

**Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2017 YEAR 5 CAVE HILL CREEK**

**STUDENT MEDICAL FORM**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Parent's / Guardian's Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_\_\_

Emergency Telephone After Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Address & Phone of Family Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ambulance Subscriber No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical / Hospital Insurance Fund:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contribution No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick appropriate box if your child suffers any of the following:**

Bed wetting Fits of any type Migraine Diabetes

Dizzy spells Sleep walking Asthma Epilepsy

Blackouts Heart condition Travel Sickness

Other Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies to:**

Penicillin Foods Other drugs Other allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What special care is recommended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tetanus Immunisation:** My child **IS** immunizedMy child **IS NOT** immunized

**TICK BOX:** In the event of my child requiring the administration of an analgesic,

**I HEREBY CONSENT** to my child being given the recommended **CHILD DOSAGE** of

**Paracetamol or *Panadol***?

Please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tablets and Medicines:**

1. Is your child presently taking tablets and / or medicine ? YES NO

If YES, please state name of medication, dosage etc . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. All medicines must be handed to the teacher in charge, with your child's name, the dose to be taken and

when it should be taken. (These will be kept in a secure place and distributed as required.)

**Please do not allow children to be in possession of any medicine while on the camp.**

**Previous Experience:**

Is this the first time your child has been away from home? YES NO

**Special Dietary Considerations:**

Are there any special dietary considerations YES NO If yes, please provide information.

**Consent to Medical Attention:**

I authorise the teacher in charge of the camp to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_