

## Stage 3 Camp - Great Aussie Bush Camp, Tea Gardens Wednesday 23<sup>rd</sup> June to Friday 25<sup>th</sup> June, 2021 (Week 10, Term 2)

Wednesday 28<sup>th</sup> April

Dear Stage 3 Parents and Carers

Stage 3 students are invited to attend a 3 days and 2 nights excursion, to the Great Aussie Bush Camp at Tea Gardens. Our Stage 3 camp will take place during Week 10 of this term, from Wednesday 23<sup>rd</sup> June to Friday 25<sup>th</sup> June, 2021.

The purpose of this camp is to develop and foster positive relationships throughout the Stage 3 cohort, as well as to provide students exposure to challenging physical team-building activities. Students will be encouraged to participate in a variety of supervised outdoor activities, which will promote resilience, positive risk-taking and problem solving skills.

Balmain Public School teachers will be travelling with students, to and from the camp venue, from school, by coach. Teachers will be supervising students throughout the entirety of the camp, alongside the qualified instructors of the Great Aussie Bush Camp.

**The total cost of the Stage 3 camp is \$386.00 per child.**

The above cost is inclusive of:

- Camp accommodation for the 3 days and 2 nights
- Prepared meals\* for the 3 days and 2 nights
- Qualified instructors to run all camp activities over the 3 days and 2 nights
- Travel by coach, to and from the camp venue, from school

**The FULL camp payment will need to be received by Friday 4<sup>th</sup> June (Week 7, Term 2).**

However, camp payment can be made progressively in installments, if preferred. In this case, please ensure that ALL payment installments are labelled with your child's name, class and 'Stage 3 Camp'. This is applicable for all payment types: cash, cheque or online credit card.

*\* If your child has any specific dietary requirements or food allergies, you will need to specify these details on the following page. The Great Aussie Bush Camp are an allergy aware camp and understand the importance of preventing cross-contamination. They will be able to cater for all dietary needs, such as gluten free, dairy free, vegetarian and vegan (as examples).*

### **BEFORE COMPLETING THE FOLLOWING FORMS:**

**Check the SkoolBag email that has been sent to you, digitally, with the 'Camp Information Booklet'. Please read this document carefully and in full.**

Kind regards

Stage 3 teachers & Maria Lambos, Principal



## Stage 3 Camp - Great Aussie Bush Camp, Tea Gardens Permission Note

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the Stage 3 Camp at the Great Aussie Bush Camp, Tea Gardens, from Wednesday 23<sup>rd</sup> June to Friday 25<sup>th</sup> June (3 days and 2 nights). I understand that my child will be travelling to and from the camp venue, from school, by coach, under the supervision of Balmain Public School teachers. I understand that while my child is at Stage 3 Camp, they will be supervised by Balmain Public School teachers, alongside the qualified instructors at The Great Aussie Bush Camp.

### **Please tick:**

- I have read the 'Camp Information Booklet' that has been sent to me digitally, via SkoolBag
- I have enclosed, or paid online, the FULL payment of the Stage 3 camp cost of \$386.00
- OR
- I have enclosed, or paid online, a PARTIAL payment of the Stage 3 camp

Parent / Carer signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Payment Options:**

- **Online via Skoolbag - Credit card payment** – Visa or Mastercard – tap on 'Make a Payment' in Skoolbag.
- **Cash** – in labelled envelope – placed in the payment box near the front office.
- **Cheque** – made out to 'Balmain Public School' - in labelled envelope – placed in the payment box near the front office.

## Stage 3 Camp - Great Aussie Bush Camp, Tea Gardens - Payment Slip

Student Name \_\_\_\_\_ Class \_\_\_\_\_

Payment online receipt number \_\_\_\_\_ Amount paid online \$ \_\_\_\_\_

Cash or cheque amount enclosed \$ \_\_\_\_\_ (to be put in the office payment box)

**Permission note:** Emailed or Returned to the office (please circle one)

Parent / Carer signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL FORMS TO BE RETURNED BY FRIDAY 28<sup>TH</sup> MAY (WEEK 6, TERM 2) AND  
FULL PAYMENT TO BE MADE BY FRIDAY 4<sup>TH</sup> JUNE (WEEK 7, TERM 2)**



## Medical Form – Child

Name of School: \_\_\_\_\_ School year: \_\_\_\_\_

### Student Details:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female

### Parent / Guardian Details:

Please Tick ✓: Mother / Guardian  Father / Guardian  Other Contact

Full name of Parent / Guardian Details: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Name on Card: \_\_\_\_\_

Student Number on card: \_\_\_\_\_

Ambulance Cover: Yes  No

Private Health Fund Name: \_\_\_\_\_ Health Fund member number: \_\_\_\_\_

Is your child in good health? Yes  No

Does your child require regular medication? Yes  No

Does your child suffer from any Chronic Illness / Injury / Allergies?  
If yes, please specify? Yes  No

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Current Medication / Dietary Requirements

School: \_\_\_\_\_ Student Name: \_\_\_\_\_

Time and Dosage – Please specify exact time of medication

| Medication Name | Breakfast |      | Lunch |      | Dinner |      | Other |      |
|-----------------|-----------|------|-------|------|--------|------|-------|------|
|                 | Time      | Dose | Time  | Dose | Time   | Dose | Time  | Dose |
|                 |           |      |       |      |        |      |       |      |
|                 |           |      |       |      |        |      |       |      |
|                 |           |      |       |      |        |      |       |      |

Regulations require that all medication must be provided in the original container / packaging. Teachers will collect and administer all medication.

|  |     |    |
|--|-----|----|
| Has your child suffered from any Acute Illness in the past four months? If yes, details. | Yes | No |
|--|-----|----|

|   |     |    |
|---|-----|----|
| Has your child been treated by a doctor in the past four weeks?<br>If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp. | Yes | No |
|---|-----|----|

|   |     |    |
|---|-----|----|
| Has your child had any major surgery? If yes, please specify. | Yes | No |
|---|-----|----|

|  |     |    |
|--|-----|----|
| Is your child's Immunisation up to date, including tetanus?<br>If yes, what year was the last booster given? | Yes | No |
|--|-----|----|

|                              |     |    |
|------------------------------|-----|----|
| Does your child wet the bed? | Yes | No |
|------------------------------|-----|----|

|                             |     |    |
|-----------------------------|-----|----|
| Does your child sleep walk? | Yes | No |
|-----------------------------|-----|----|

|  |     |    |
|--|-----|----|
| Do you give permission for Panadol to be administered if required? | Yes | No |
|--|-----|----|

|  |     |    |
|--|-----|----|
| Does your Child have any Dietary Requirements?<br>If YES please specify: | Yes | No |
|--|-----|----|

Water or Swimming Activities:

In relation to any proposed water or swimming activities, my child: Name: \_\_\_\_\_

(Please tick ✓ one:)

STRONG SWIMMER

AVERAGE SWIMMER

POOR SWIMMER

NON-SWIMMER