



IRAMOO PRIMARY SCHOOL No. 5152

GRADE 6 CAMP – 'THE BRIARS' – MT MARTHA MONDAY, MAY 14 – FRIDAY, MAY 18, 2018

Thursday, February 22, 2018

Dear Parent/Guardian,

Planning is now well underway for our Grade 6 students to attend the Briars Camp at Mt Martha on the Mornington Peninsula. Camp will run from **Monday, May 14 to Friday, May 18, 2018**.

'The Briars' allows the students to have fun in a unique environment whilst developing leadership qualities, self-confidence and cooperative problem solving skills. In addition to the adventure camp experience, we will also take the students on a mid-week excursion from camp to The Enchanted Adventure Garden in Arthur's Seat.

The cost of camp this year has been set at **\$350 per child**. The cost of the camp will remain the same as 2017 even though external costs such as accommodation and bus transport have risen. The school will be subsidising the difference in costs using additional equity funding our school received from the State Government.

A **\$50 non-refundable** deposit is required for each child attending camp. It is due by **Thursday, March 15, 2018**. The balance may be paid at any stage or in separate instalments as outlined below.

Payment in full is required by Wednesday, May 2, 2018.

Please note that parents with a health care card current on **Monday, January 29** this year are eligible for the Camps, Sports & Excursions Fund grant of \$125 per student and may like to use this towards payment for this camp.

We would like for each and every student to attend camp. If you have any queries or concerns regarding meeting the cost of the camp, please do not hesitate to contact our Assistant Principal **Ms Nella Cascone** as soon as possible to discuss the matter as *we really do want every child to attend the camp*.

If you have any other questions don't hesitate to contact me at school.

Please fill in the slip below and return it to your child's teacher by **Thursday, March 15, 2018** along with the **\$50** non-refundable deposit.

Please note that only students with acceptable behaviour standards are able to attend Grade 6 camp.

CYNTHIA GIUFFRIDA
GRADE 6 CO-ORDINATOR

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To be returned to school with deposit OR payment in full by Thursday March 15, 2018



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GRADE 6 CAMP – 'THE BRIARS' – MT MARTHA MONDAY, MAY 14 – FRIDAY, MAY 18, 2018

TO: MS CYNTHIA GIUFFRIDA

CHILD'S NAME _____ **GRADE** _____

I give permission for my child to attend the school camp at 'The Briars', Mt Martha from **Monday, May 14 – Friday, May 18, 2018**.

I agree to meet the expense of my child being returned to school either by a teacher accompanying him/her and then returning to camp or by collecting my child from the camp personally. I understand that such an arrangement may be necessary due to illness, injury, or if in the opinion of the teacher-in-charge there is non-cooperation of any description by my child.

I enclose a **\$50 non-refundable** deposit and agree to pay the balance (**\$300**) by instalments:

\$100 by Thursday, March 29
\$100 by Friday, April 20
\$100 by Wednesday, May 2

I enclose payment in full (**\$350**) for my child to attend Grade 6 camp.

Please deduct \$ _____ from the Camps, Sports & Excursion Fund (CSEF) to cover some of the cost of my child's Grade 6 camp (**please ensure that our office has a copy of your current health care card**).

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____



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What to bring to camp

Please note students should be able to carry their own luggage to and from the bus.

All items are to be clearly marked with your child's name.

Children should bring a sheet, a pillow, a sleeping bag and / or a doona.

1 toilet bag, including:

- tooth brush
- toothpaste
- deodorant
- face washer
- soap
- comb

2 towels

Thongs for shower

8 x t-shirts, long sleeve shirts

3 pairs jeans/trousers/tracksuit pants

shorts

3 jumpers/windcheaters

raincoat/parka

hat

6 pairs of socks

underwear (at least 5)

track shoes/runners/boots (each child needs more than one pair of shoes)

slippers

pyjamas/sleepwear

large plastic bag for dirty / wet clothes

tissues

MEDICATION

If your child requires medication, please LABEL the bottle / package clearly with

- 1. Child's name**
- 2. Dosage**
- 3. Time(s) to be taken**

Medication MUST be handed to Ms Cynthia Giuffrida on the Monday morning of camp by 8.50 a.m. before leaving.

*** Please note: No mobile phones or electronic devices are to be brought to camp.**



IRAMOO PRIMARY SCHOOL No. 5152

CONFIDENTIAL MEDICAL FORM

This form will be used in case of any medical emergencies involving your child. All information is held in confidence.

We ask parents to note the following requests and abide by them.

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 MS CYNTHIA GIUFFRIDA PRIOR TO LEAVING FOR CAMP, WITH YOUR CHILD'S NAME, THE DOSE TO BE TAKEN AND WHEN IT SHOULD 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 ANY MEDICINE WHILST ON THE SCHOOL CAMP.

Please complete and return as soon as possible.

CHILD'S NAME _____ GRADE _____

ADDRESS _____ POST CODE _____

PHONE NO. _____ (B.H.) _____ (A.H.) _____ (MOBILE) _____

MEDICARE NO. _____ AMBULANCE MEMBERSHIP YES / NO

PRIVATE HEALTH INSURANCE YES / NO NAME OF INSURER _____

Please tick if your child suffers any of the follows:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Asthma*(please complete an asthma management plan) |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine | <input type="checkbox"/> Travel Sickness |

Other _____

Allergies to:

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

Other _____

What special care is recommended? _____

Last Tetanus immunisation was: _____. If over 10 years since last immunisation, please give date of booster to be arranged by parents before the camp _____ (Booster date).

IS THIS THE FIRST TIME YOUR CHILD HAS BEEN AWAY FROM HOME? YES / NO

Please sign this statement required by the Department of Education & Training for all children attending school camps or excursions.

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

If my child is suspected of having head lice during camp I give my permission for his/her hair to be treated.

SIGNED _____ DATE _____

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Please attach to medication

CHILD'S NAME _____ GRADE _____

Medication: _____ Dosage: _____

Time to be taken: _____



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**GRADE 6 CAMP – ‘THE BRIARS’ – MT MARTHA
MONDAY, MAY 14 – FRIDAY, MAY 18, 2018**

Dear Grade 6 Parent/Guardian,

Attached below is a part payment schedule to help ensure that your child can attend the Grade 6 camp at The Briars in Mt Martha.

The cost for the camp has been finalised at **\$350** per child.

Deposit **\$50** non-refundable deposit to be paid by **Thursday March 15**

Payment 2 **\$100** to be paid by **Thursday, March 29**

Payment 3 **\$100** to be paid by **Friday, April 20**

Payment 4 **\$100** to be paid by **Wednesday, May 2**

Camp must be paid in full by Wednesday, May 2, 2018.

**CYNTHIA GIUFFRIDA
GRADE 6 CO-ORDINATOR**



**IRAMOO PRIMARY SCHOOL No. 5152
GRADE 6 CAMP – ‘THE BRIARS’ – MT MARTHA
MONDAY, MAY 14 – FRIDAY, MAY 18, 2018**

FINAL PAYMENT (due Wednesday, May 2, 2018)

Please find enclosed **\$100** being the final payment for the Grade 6 camp in Mt Martha.

CHILD’S NAME _____ **GRADE** _____

PARENT/GUARDIAN’S SIGNATURE _____ **DATE** _____



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THIRD PAYMENT (due Friday, April 20, 2018)

Please find enclosed **\$100** being the third payment for the Grade 6 camp in Mt Martha.

CHILD’S NAME _____ **GRADE** _____

PARENT/GUARDIAN’S SIGNATURE _____ **DATE** _____



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SECOND PAYMENT (due Thursday, March 29, 2018)

Please find enclosed **\$100** being the second payment for the Grade 6 camp in Mt Martha.

CHILD’S NAME _____ **GRADE** _____

PARENT/GUARDIAN’S SIGNATURE _____ **DATE** _____