



Kentlyn Public School
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Tuesday 19th March 2019

**Year 5 & 6 – Overnight Great Aussie Bush Camp 2019
(KINCUMBER CAMPUS)
Monday 8th April – Wednesday 10th April 2019**

Still Owing:

Dear Parents/Carers,

The Years 5 & 6 – Great Aussie Bush Camp, Kincumber, Three Day Excursion 2019 is fast approaching. Thank you to all families that have paid in full. Please note that the total cost, of **\$300 was due on Tuesday 19th March 2019**. If you still need to finalise payment, please ensure that the money is enclosed in an envelope with your child's name, purpose and total amount. All money needs to be taken to the office in the morning.

All camp activities compliment units of work covered in the classroom across a range of subjects. The cost covers transport, accommodation, most meals and all activities.

Please find attached medical note, which needs to be completed in full and signed. These include medical requirements, dietary and swimming capabilities.

Please ensure that all forms are completed and brought to Mrs Macey and Mrs Meek in the office by Friday 22nd March 2019.

Detailed information will be provided to students within the next few days that will include a full itinerary, contact numbers, list of what to bring and supervising teachers.

Please Note: School representation and attendance at excursions, special school activities and out of school activities is dependent upon the continued demonstration of appropriate behaviour and an appropriate attitude in all aspects of school life.

Regards

Ms Androula Kavallaris
Principal

Miss Frances Hagedoorn
Teacher

Ms Tracey Rogers
Teacher

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/Carer: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medicare Number: _____ Expiry Date: __/__/__

Student Name on Card: _____

Patient Number on Card: _____

Ambulance Cover: Yes No

Doctor Contact Details: Name of Dr _____ Contact Number: _____

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?

Emergency Contact Details: Name: _____ Ph No: _____

Parent/ Guardian Signature _____ Date: _____



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 & administer all medication.

Has your child suffered from any Acute Illness in the past four months? If yes, details.	Yes	No
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Has your child been treated by a doctor in the past four weeks? If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.	Yes	No
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Has your child had any major surgery? If yes, please specify.	Yes	No
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Is your child's Immunisation up to date, including tetanus? If yes, what year was the last booster given?	Yes	No
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Does your child wet the bed?	Yes	No
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Does your child sleep walk?	Yes	No
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Do you give permission for Panadol to be administered if required?	Yes	No
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Does your Child have any Dietary Requirements? If YES please specify:	Yes	No
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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

I acknowledge my child may take part in water activities Signed: _____



KINCUMBER