



Monday 17 October 2022

**Year 5 & 6 – Overnight Great Aussie Bush Camp 2022**  
**TEA GARDENS CAMPUS- Pacific Highway, Tea Gardens - (02) 4997 3044**  
**Wednesday 7<sup>th</sup> December – Friday 9<sup>th</sup> December 2022**

Dear Parents/Carers,

Our combined Kentlyn and Ruse Great Aussie Bush Camp is fast approaching and there is certainly excitement in the air 😊

In the lead up to the camp, there will be several meetings and administrative forms that will need to be completed and forwarded to the camp before our arrival. We appreciate your assistance in returning these forms to the office by the due date. Teachers attending and supervising the students are Mr Borst and Mrs Harris. Our accommodation this year is at Great Aussie Bush Camp, **Tea Gardens**.

It is expected that the coach **will leave Kentlyn Public School at 8.30am** sharp on Wednesday 7 December 2022. **All students must be at school by 8.10am**, to mark roles and organise luggage onto the bus. **Students can wear comfortable mufti clothes and must be wearing closed in shoes.** It is anticipated that the bus will return to Kentlyn Public School at 2.45pm on Friday 9 December (please note should this time vary, we will update parents via Seesaw app).

**Just in case, please also ensure that if your child normally catches the bus, they have alternate transportation if the coach is late.**

**We would like to once again acknowledge and thank our great P&C for paying the full coach fee of \$2,00 for this excursion. This is how we were able to keep the total cost of the 3-day camp at \$300.**

Activities scheduled are as follows:

- Raft Building
- Rock Climbing
- Archery
- Canoeing
- Dual Flying Fox
- Giant Swing
- High Ropes
- Lost (Mud World)
- Night Activities – Commando and Country Fair
- Initiatives (small group, practical problem solving and teamwork tasks)

More information will be sent out in the next few weeks regarding items of clothing to pack.

Attached are the medical forms and dietary requirements for the camp. Attached is also the sample menu that the camp has on site. Please note that the menu is a guide only; changes may be made at any time. **It is imperative that these forms are returned to the office by Friday 11 November 2022.**

**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.**

Thank you

*Androula Kavallaris*

Ms Kavallaris  
Principal

## Sample Menu

### Day 1

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<b>Lunch</b>	Hamburger and Salad Fruit / Drink
<b>Afternoon Tea</b>	Fruit / Cold Drink
<b>Dinner</b>	Spaghetti Bolognese and Garlic Bread Ice Cream
<b>Supper</b>	Hot Chocolate and Biscuits

### Day 2

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<b>Breakfast</b>	Variety of Cereals Spaghetti, Baked Beans, Eggs, Pancakes Toast and Spreads
<b>Morning Tea</b>	Museli Bars / Fruit / cold drink
<b>Lunch</b>	Cold meat and salad sandwiches
<b>Afternoon Tea</b>	Fruit / Cold Drink
<b>Dinner</b>	Chicken Dish with Rice and Garlic Bread Ice Cream
<b>Supper</b>	Hot Chocolate and Biscuits

### Day 3

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<b>Breakfast</b>	Variety of Cereals Spaghetti, Baked Beans, Eggs, Pancakes Toast and Spreads
<b>Morning Tea</b>	Fruit / Cold Drink
<b>Lunch</b>	BBQ Sausage or Hot Dog / Fruit / Cold Drink

This menu is used as a guide only; changes may be made at any time.  
Special Dietary requirements will be catered for when advance notice is given.

## 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? Yes  No   
If yes, please specify?

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 and 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