

Year 3 and Year 4 Camp Check list for Camp Forms

Name _____

Class _____

Code of Conduct Form

Medical Permission Form

Pick Up Arrangement Form

Doxa Forms

These forms are legally required in order for your child to attend camp. Please return them along with \$100 deposit by 25th November 2022

PERMISSION TO USE PHOTOS FROM CAMPS ON SOCIAL MEDIA

(This can include Facebook, Seesaw and the web).

I DO give permission

I do NOT give permission

for my child's images at camp to be displayed on social media.

Parent's Name _____

Signature _____

110 DUFF ST
CRANBOURNE VIC 3977
Phone: (03) 5996 2878
Fax: (03) 5995 1180



Area 1: Camp Allambee
Grade 3: 29th-31st March 2023
Grade 4: 3rd-5th April 2023

Code of Conduct

To Parents of Children Attending a School Camp

It is vitally important that children obey all rules and that accepted codes of behaviour are adhered to when they are at school, on an excursion or on a school camp.

For the safety of the whole group on camp, it is essential that each child behaves in an acceptable manner for the duration of the camp. Unacceptable behaviour cannot be tolerated.

If in the judgement of the teacher in charge, your child's behaviour is such as to adversely affect the camp in a serious way, you will be requested to collect your child from the camp at the earliest possible time. This is the position of the Cranbourne West School Council.

Could you please sign and return this form as soon as possible.

Andrew Bergmeier
Principal

(It is suggested that you discuss this with your child before they go on camp.)

I understand that if my child _____ fails to comply with the standards of behaviour expected by the teachers on the Year 3 or Year 4 Camp, I will accept full responsibility for collecting my child from the camp at the earliest possible time.

Signed _____ Date _____
(Parent/Guardian)



CRANBOURNE WEST

Primary School

Area 1: Camp Allambee
Grade 3: 29th-31st March 2023
Grade 4: 3rd-5th April 2023

Alternative Pickup Arrangements

When the students arrive home from camp it is a very busy scene, with students and luggage being removed from the bus.

To assist with a smooth dismissal we ask that parents collect their children from outside the gym after having identified yourself with the child's teacher and **your child has been marked off the roll**. This is for your child's safety and the safety of all students on the camp.

PLEASE DO NOT COLLECT YOUR CHILD STRAIGHT FROM THE BUS AND LEAVE.

If you are unable to collect your child then it is important that you nominate an alternative pick up person and write their details down for us. Your child will not be released to anyone for whom we do not have details. Photo Identification will be required from the alternative pick up person when they collect your child from the area outside the hall.

I WILL BE PICKING MY CHILD _____ UP FROM SCHOOL
WHEN HE/SHE RETURNS FROM CAMP ON 31st MARCH (Grade 3) / 5th APRIL (Grade 4)

OR

I AUTHORISE _____ TO
PICK UP MY CHILD _____ FROM SCHOOL
WHEN HE/SHE RETURNS FROM CAMP ON 31st MARCH (Grade 3) / 5th APRIL (Grade 4)

Parent name _____

Signed _____

DATE _____

Name & number of emergency contact for pick up day:

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CRANBOURNE WEST PRIMARY SCHOOL
CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS

This report is to assist the school staff in the case of an emergency with your child while on school camp. All information is held in confidence and these forms will be destroyed after the camp as per the DE&T Disposal Schedule.

Child's Name..... Grade..... Date of Birth.....

Address

Mother's/Stepmother's Contact Details	Father's/Stepfather's Details
Name	Name
Home Phone Number	Home Phone Number
Work Phone Number	Work Phone Number
Mobile Phone Number	Mobile Phone Number
Emergency Contact Details	
Emergency Contact 1	Emergency Contact 2
Name	Name
Home Phone Number	Home Phone Number
Work Phone Number	Work Phone Number
Mobile Phone Number	Mobile Phone Number

Name of Family Doctor/Medical Centre Phone

Medicare Number Healthcare / Pension Card Number

Private Insurance Fund Name Contribution Number.....

Ambulance Membership (please circle) YES / NO Membership Number

Does your child or has your child ever suffered from Asthma? YES / NO

If you answered yes to the question about asthma, an asthma form will be sent home for you to complete regarding your child's current asthma condition.

Does your child suffer from any of the following? Please Tick

Travel Sickness	Bed Wetting	Sleep Walking	Blackouts / Dizzy Spells
Fits of Any Type	Heart Condition	Headache/ Migraine	Ear Aches
Other (Please State)			

Has your child ever been away from home? YES / NO (Please speak with your child's teacher if there are any issues you think camp staff should be aware of).

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Does your child have any allergies? YES / NO

Allergy.....

Treatment.....

.....

.....

Are there any foods your child cannot eat for health or religious reasons? Please state.

.....

.....

.....

Will your child need to take medication while on camp? YES / NO

Condition	Medication	Dosage	Time

If your child needs medication for ailments such as headache or tummy ache, please indicate which is preferred. You do not need to supply this medication as it is part of the first aid provisions for camp. Medication will be given as per instructions on the container. Please tick.

Paracetamol tablet	<input type="checkbox"/>
Ibuprofen tablet	<input type="checkbox"/>

Paracetamol liquid	<input type="checkbox"/>
Ibuprofen liquid	<input type="checkbox"/>

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the camp is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to consent to:

- My child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- The calling of an ambulance by the teacher in charge if this is deemed necessary.
- The administration of first aid as the teacher in charge deems necessary.

Signed Date

The Department of Education and Training require this consent form to be signed for all students attending school camps.

All medicines are to be **labelled with child's name, dose time and dosage** and handed to the teacher prior to leaving. No child is to be in possession of any medications while on the camp.

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ASTHMA UPDATE FORM

SCHOOL CAMP AND EXCURSION

VICTORIAN SCHOOLS

Student's name: _____

 DOB: _____
 Confirmed triggers: _____

Has the student been hospitalised due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? Y N

Has the student's asthma medications changed in the last two weeks? Y N

Is the student well enough to attend camp/excursion? Y N

This form is to be completed by parents/carers of students with asthma prior to an excursion or camp. The form is to be attached to a copy of the student's Asthma Action Plan and brought with students to the camp or excursion. Please provide as much detail as possible.

OTHER MEDICAL CONDITIONS

Has the student had any other illness in the last two weeks? Y N
 If YES, please provide details:

Nature of illness? _____ When? _____

Severity? _____ Has this affected their asthma? Y N

ALLERGIC RHINITIS (HAY FEVER)

Does the student hay fever? Y N Does the student have an action plan for hay fever? Y N

Confirmed Triggers for hay fever	Medication	Device	Dose	When
_____	_____	_____	_____	_____
_____	Treatment	_____	_____	_____

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

1. Medication	Device	Dose	When
_____	_____	_____	_____
Instructions for use			

2. Medication	Device	Dose	When
_____	_____	_____	_____
Instructions for use			

Doctor's Name: _____	Emergency Contact: _____	Additional information _____
Phone: _____	Phone: _____	_____
Address: _____	The information provided on this plan is true and correct. Signed: _____	_____
_____	Date: _____	_____

