



Mt Eliza Primary School Grade 3 Camp Merricks Lodge

Monday, 13th & Tuesday, 14th November, 2017

Dear Parents,

The Grade 3 camp is only a little over 2 months away. How exciting!

What we require from you is to complete and return the medical and dietary requirement forms and the camp contract by Friday, 13th October, 2017.

We have also attached a payment schedule, which gives you the option of paying in two instalments or one full payment. Please note the **first payment is due on Friday, 13th October with the final payment due on Friday, 3rd November, 2017.** No late payments can be accepted after this date.

Early next term we will be sending home a suggested 'What To Bring' list. Room allocations, activity and duty groups will be organised closer to the camp.

Thank you

GRADE 3 TEACHERS

DIETARY REQUIREMENT FORM

To be filled in for any campers with any of the following dietary concerns: Any Nut Allergy, Anaphylactic Food Allergies, other allergies, Coeliacs Disease and Gluten Free Diets, Diabetes.

Name of Camper: Grade:

Does your child have any special dietary concerns? Yes.....No.....

Is your child anaphylactic? Yes..... No.....

FULL Details of Food Allergies and Dietary Concerns

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This information will be passed on to the Merricks Lodge food catering team. Where possible, an altered meal similar to menu meal will be served. Otherwise an alternative meal will be arranged suited to your child.

No 1 Grade 3 Camp – Merricks Lodge, Merricks

***** DEPOSIT DUE FRIDAY, 13TH OCTOBER, 2017 *****

Please complete the form and return it together with the deposit (or full payment) to school by Friday, 13th October, 2017. (Please note the cost of camp is not covered by the Excursion Levy).

My child..... Grade will be attending the Grade 3 Camp to Merricks Lodge, Merricks.

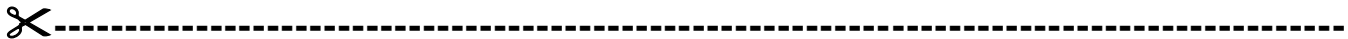
Enclosed \$100.00 deposit for Grade 3 camp (*Balance of \$60 due 3.11.17*)

OR

Enclosed THE FULL PAYMENT of \$160.00 for the Grade 3 camp

..... Payment by: cash / cheque / credit card
Parent's/Guardian's signature (please circle)

<u>Credit Card Payment</u>			
Card Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:	<input type="text"/>	/	<input type="text"/>
Signature:		
Name:	Phone No.:
			Please charge my:
			<input type="checkbox"/> Master Card
			<input type="checkbox"/> Visa
			Amount: \$.....



No 2 Grade 3 Camp – Merricks Lodge, Merricks

***** FINAL PAYMENT - DUE FRIDAY, 3RD NOVEMBER, 2017 *****

Child's name: Grade

Enclosed \$60.00 for the final payment for Grade 3 camp (*\$100.00 deposit already paid*)

..... Payment by: cash / cheque / credit card
Parent's/Guardian's signature (please circle)

<u>Credit Card Payment</u>			
Card Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:	<input type="text"/>	/	<input type="text"/>
Signature:		
Name:	Phone No.:
			Please charge my:
			<input type="checkbox"/> Master Card
			<input type="checkbox"/> Visa
			Amount: \$.....

CONFIDENTIAL MEDICAL REPORT FOR SCHOOL CAMPS

This report is compiled to assist us in case of any eventuality with the children. All information is held in confidence and these forms are destroyed after the camp. 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.
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- 2. All medicines must be handed to the teacher-in-charge 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. HOWEVER, ASTHMATICS AND STUDENTS WITH EPIPENS SHOULD CARRY THEIR PUFFER/EPIPEN WITH THEM AT ALL TIMES (a waist bag is an ideal way to carry these).

Please complete and return by **Friday, 13th October, 2017**

CHILD'S NAME: GRADE:
CHILD'S DATE OF BIRTH:
PARENT'S FULL NAME:
ADDRESS: POSTCODE:
PHONE NO.: AFTER HOURS: BUS HOURS:
MED/HOSP INSURANCE FUND & NO.:
MEDICARE NO.: AMBULANCE FUND & NO.:
DOCTOR'S NAME & ADDRESS:
PHONE NUMBER:AFTER HOURS NUMBER:

Please tick if your child suffers any of the following:

Bed wetting Fits of any type Heart condition
Dizzy Spells *Asthma Sleepwalking
Migraine Blackouts Travel Sickness
Other
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(* If Asthma is ticked, a detailed form will be sent home prior to the camp.)

ALLERGIES TO:
Penicillin Any foods Drugs Other
Nill known

What special care is recommended:

Last tetanus immunisation was:

Is this the first time your child has been away from home? YES/NO

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

My daughter/son of Grade has my permission to attend the school camp at Merricks Lodge, Merricks on 13th & 14th November, 2017.

I authorise the teacher in charge to consent where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I accept all operation, blood transfusions, and/or anaesthetic risks involved, and the responsibility for payment of any expenses thus incurred.

Date: Signed: