

Year 5-8 Camp 3-5 May 2017

Dear Parents/Caregivers

We are pleased to inform you that there was enough interest shown for our camp to Chosen Valley to proceed.

The payment of **\$100** per child (or **\$175** for two eligible children) is due by **Thursday 6th April**. Please pay directly through the school office.

The camp is designed to extend your son/daughter and to allow them to face challenges they might not otherwise experience in a safe environment. At the same time, camp provides an opportunity to build community.

If for some reason your child cannot attend camp, it will be necessary for him/her to attend school during camp week.

If the cost of the camp is a concern, or you believe you will struggle to meet the deadline, please contact the school immediately and discuss this with myself, Tracey Kopua on 626 7123 ext. 720.

Please complete the following information on the sheet attached concerning your son/daughter which we need to know for our records. Return the form to school by next Friday.

Yours Sincerely

Tracey Kopua
PRINCIPAL

I give consent for _____ Class _____

to attend the school camp.

I have enclosed payment of \$100

I have enclosed payment of \$175

Parent Signature _____

Important Information

Name of student _____

1 Please indicate if your child suffers from:

- Insomnia Y / N
- Sleep walking Y / N
- Bed Wetting Y / N
- Other – please specify Y / N

2 Special Dietary Requirements:
Please give details of food allergies or any other dietary requirements
e.g. Gluten free / Vegan etc.....

3 Other allergies and action to be taken in the event of an allergic reaction:

4 Medication to be taken while at camp:

5 Please provide 2 x 24 hour emergency contacts:

Name _____ Contact ph.: _____

Name _____ Contact ph.: _____