



Rooms 9,10,11 Year 3 and 4  
Aongatete Bush Camp 2017  
Monday 20<sup>th</sup> / Tuesday 21<sup>st</sup> March 2017

Tuesday 7<sup>th</sup> February, 2017

Dear Parents /Caregivers

We are pleased to be able to provide details for our year 3 and 4 camp at Aongatete Lodge. This camp will take place on the 20<sup>th</sup> – 21<sup>st</sup> March 2017. Due to the higher numbers in the year 3/4 team and restrictions on accommodation at the Lodge, Rooms 7 and 8 will stay at Aongatete Lodge Tuesday 21<sup>st</sup> / Wednesday 22<sup>nd</sup> March.

We will be travelling by car and staying one night. Whilst on camp we will be: sleeping in dormitories, exploring the bush, challenging ourselves on the Confidence Course, going on bushwalks and working on team building activities.

The camp takes place in week 7 of this term so we require the permission slip to be returned along with the health profile and risk disclosure form by **Friday 24<sup>th</sup> February**. It would be appreciated if the payment of **\$35** could be made by **Friday 3<sup>rd</sup> March**.

We are very interested in hearing from any parents who are interested in helping us on camp. This involves a total commitment to supporting the classroom teacher and all students while on camp and adhering to the EOTC policy. All adults attending camp will need to agree to a police check for health and safety reasons. Please also indicate below if you have a current first aid certificate or medical expertise.

Please return the form below by **Monday 13<sup>th</sup> February**.

Kind regards

Kate O'Leary, Kelly Soutar, Cristy Drake,  
Helen Guthrie and Lynda Palfrey

  
Suzanne Billington  
Principal

I am interested in accompanying Room \_\_\_ for the entire duration of the Aongatete Bush Camp. I give my permission for a police check. (We are only able to take one adult per five children, however, parent visitors will be welcome throughout the camp.)

I have a medical certificate or medical expertise.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Health Profile and Risk Disclosure Form**

One form must be completed for each participant, including adults.  
It is the parents' responsibility to update any medical changes that may occur prior to the camp.

Name: \_\_\_\_\_

Room: \_\_\_\_\_

1. Do you or your child have any conditions you would like us to be aware of? e.g Diabetes / Travel Sickness
  
2. Are you or your child currently taking medication? Yes ( ) No ( )  
 If YES, please state"  
 Name of medication / s: \_\_\_\_\_  
 Dosage and time/s to be taken: \_\_\_\_\_  
 Other treatment: \_\_\_\_\_
  
3. Have you or your child had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities? Yes ( ) No ( )  
 If YES, please state the injury / illness \_\_\_\_\_  
 \_\_\_\_\_
  
4. Are you or your child allergic to any of the following?
 

	Yes	No	Please specify
Prescription medicine	( )	( )	_____
Food	( )	( )	_____
Insect bites / stings	( )	( )	_____
Other allergies	( )	( )	_____
Is treatment required?	( )	( )	_____
  
5. When was your child's last tetanus injection? \_\_\_\_\_
  
6. Outline any special dietary requirements. \_\_\_\_\_
  
7. What pain / flu medication can your child be given if necessary? \_\_\_\_\_
  
8. Is there any information that staff should know to ensure physical and emotional safety of you / your child?  
 e.g. cultural practices, disability, anxiety about heights / darkness / small spaces / pregnancy,  
 behaviour or emotional problems Yes ( ) No ( )  
 If YES, please state or attach the information

Please initial in the brackets, to acknowledge agreement of each section:

- ( ) I also agree that if prescribed medication needs to be administered a designated adult will be assigned to do this. I will ensure prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions for administering
- ( ) I agree to my child / myself receiving any emergency medical, or dental treatment, as considered necessary by the medical authorities present
- ( ) Any medical costs not covered by ACC or a community service card will be paid by me
- ( ) If my child is involved in any serious disciplinary problem, including the use of illegal substances and / or alcohol, or actions that threaten the safety of others, she/he will be sent home at my expense

Medic Alert Number (if applicable) \_\_\_\_\_

Community Service Card Number \_\_\_\_\_  
(if supplied this assists in lowering medical costs)

**Emergency Contact Details**

Name \_\_\_\_\_ (Emergency Contact)

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Parental Consent

I agree to my child / myself taking part in the EOTC event and have read the information sheet. I agree to their / my participation in the activities described. I acknowledge the need for them / me to behave responsibly.

Acknowledgement of Risk

I have read the EOTC information sheet.  
Completed risk analysis forms are available at the office.

I understand that the school does not accept responsibility for loss or damage to personal property.

**Name:** \_\_\_\_\_ **Signed** \_\_\_\_\_

To be read and signed by adult participant or parent / caregiver of child participant.

**Date:** \_\_\_\_\_



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SMB