



Year 3 and 4 Sun and Surf Camp 2018

Monday 19th February – Tuesday 20th February

Friday 8th December, 2017

Dear Parents /Caregivers

We are pleased to be able to provide details for our Year 3 and 4 camp at Mt Maunganui Beachside Holiday Park. This camp will take place on the 19th and 20th February, 2018.

We will be travelling by car to Mt Maunganui and staying one night. Whilst on camp we will be: participating in a beach education programme run by Mount Surf Club; swimming at the Mount Hot Pools; sleeping in tents; and exploring the nearby rock pools. To make this successful we will require several large tents. Please indicate on the form below if you can help with this.

Due to the fact the camp will take place so early in Term 1 we require the permission slip to be returned along with the Health Profile and Risk Disclosure form by **Wednesday 13th of December**. It would be appreciated if the payment of \$40 could be made to the School Office or classroom teachers, cash or cheque only, before the end of the year. Payments made next year may be paid via Kindo. All payments are required by Friday 9th February.

The cost of the trip includes: the beach education programme; dinner, breakfast and one lunch; accommodation; and a swim at the Mount Hot Pools.

We are also 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 Wednesday 13th December.

Kind regards

Lynda Palfrey
Team Leader Middle Team


Suzanne Billington
Principal

I am interested in attending camp for the entire duration of the Sun and Surf Camp. HI understand that I will be required to be police vetted.(We are only able to take one adult per four children, however, parent visitors will be welcome throughout the camp.)

I am able to provide a large tent.

I can help with erecting tents 11/2.

I have a medical certificate or medical expertise

I can help with taking tents down 12/2.

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