



14 October 2013

Fahan School
www.fahan.tas.edu.au

Fisher Avenue
Sandy Bay
Tasmania
Australia 7005

PO Box 2090
Lower Sandy Bay
Tasmania
Australia 7005

T +61 3 6225 1064
+61 3 6225 2428
F +61 3 6225 1263
E enquiries@fahan.tas.edu.au

CRICOS No. 00476G
ABN 69 009 575 517

Dear Parents,

Year 4 Camp

From Tuesday 22 October to Wednesday 23 October 2013, Year 4 will be heading off to the overnight camp at the Woodfield Centre. We plan to depart school at 9.00am on Tuesday 22 October and return at approximately 3.00pm on Wednesday 23 October.

Attending camp is an excellent opportunity for the girls to see a part of our state which they may not otherwise see, spend some time away from their families in a carefully supervised environment and participate in hands-on activities which will further develop many personal and academic objectives. The types of activities girls will participate include trampolining, bush walk, billy-carts, scavenger hunt, archery and spotlight games.

Overleaf is a list of personal items girls will need to bring. Specifically, please note that girls need to bring their own bedding. Pillows will be available there, although girls **MUST** have their own pillowslip. As it is may be cold, warm clothing and a waterproof coat will be essential. **PLEASE MAKE SURE EVERYTHING IS CLEARLY NAMED.**

The girls will need to bring their own morning tea and lunch on Tuesday. It would be very helpful if you could provide some fruit, a cake or biscuits for the other morning and afternoon teas. The girls will also need to bring their own drink bottle to be refilled and used throughout the camp. Please make sure that you include any special dietary requirements on the attached medical form.

Please note that ipods, telephones, sweets and chocolates are not permitted at the camp and students will not need any extra money.

The girls and us are looking forward to our time on camp, and we thank you for your co-operation.

Regards,

David Hodgman
Year 4 Teacher

PERSONAL REQUIREMENT LIST – WOODFIELD FIELD STUDY CENTRE

VERY IMPORTANT: PLEASE MAKE SURE THAT **ALL** ITEMS ARE CLEARLY NAMED.

1. OUTDOOR CLOTHES

Waterproof coat with hood
Warm, heavy jumpers (polar fleece or similar)
Jeans/trackpants
2 shirts (long sleeve/Tshirts)
Warm underwear
4 pair of socks - allow 2 pairs for each day
Hat, scarf
Warm coat or jacket
Shorts

2. FOOTWEAR

2 pairs of comfortable walking shoes - sneakers
Slippers or Ugg boots
Thongs for showers (optional)

3. BEDDING GEAR

Sleeping bag
Pillow slip/pillow
Blanket (optional)
Pyjamas

4. TOILETRY

1 towel
Face washer
Soap and shampoo
Toothbrush and toothpaste
Sunscreen, Lip protection
Personal medication (if required) – must be handed to teacher-in-charge

5. MISCELLANEOUS

Plastic or enamel mug (essential), drink bottle, tea towel, writing material (pens, pencils, rubber, ruler, etc); plastic bag (for wet/dirty clothes); torch; handkerchiefs; a good novel; camera (optional).

6 PLEASE DO NOT BRING

!-anything, electronic games, mobile phone
Money – there will not be an opportunity to spend it
lollies, chocolates and treats. If they are needed they will be provided.

Notes

- 1 All items brought to camp must be clearly named.
- 2 If your daughter does not have a particular item on the list please improvise or borrow. It is not intended that you go out and purchase new items for camp.

Consent and Medical Form

Major Excursions and Camps

- This form is to give permission for your child to attend a camp/excursion; and
- To provide medical information that might be needed in case of emergency.
- All information is held in confidence.

Excursion details	Dates From: 22 October 2013	To: 23 October 2013
Location:	Woodfield	
Description:	Year 4 Camp	
Teacher in charge:	David Hodgman and Lorraine Jackson	

- See attached Excursion itinerary and information

Personal details

Student's name:	Grade/Class:
Home address:	Date of birth:

Emergency contacts

Name	Relationship	Phone home	Phone work
1.			
2.			
3.			

Doctor	Phone	Address

Medicare Number	Private Health Fund	Number

Tablets and Medicine

Is your child taking any tablets and/or medicine? Yes ☐ No ☐

If **Yes** please state name of medication, dosage, etc.

--

Complete Tetanus Immunization Yes ☐ No ☐

Date of last booster

Please tick if your child suffers any of the following:

Bed Wetting <input type="checkbox"/>	Fits of any Type <input type="checkbox"/>	Heart Condition <input type="checkbox"/>
Dizzy Spell <input type="checkbox"/>	Sleep Walking <input type="checkbox"/>	Asthma <input type="checkbox"/>
Blackout <input type="checkbox"/>	Migraine <input type="checkbox"/>	Travel Sickness <input type="checkbox"/>

Allergic to:

Penicillin <input type="checkbox"/>	Any food <input type="checkbox"/>	Other drugs <input type="checkbox"/>	Bites/stings <input type="checkbox"/>
-------------------------------------	-----------------------------------	--------------------------------------	---------------------------------------

Other Allergies

--

What special care is recommended?

--

Any other relevant information:

--



Consent and Medical Form

Major Excursions and Camps

Consent

Medical:

In the event of accident or illness when it is impracticable or impossible to communicate with me, I understand the teacher in charge will arrange such medical or surgical treatment as may be deemed necessary.

Participation:

I consent to my child's participation in this excursion. I have been informed by the school of the arrangements made for the conduct of this excursion. I understand that the excursion includes activities that may involve some risk.

Expenses:

I agree to my child's returning home if necessary in the event of illness, injury or non-cooperation, and to pay any expenses involved or to come and collect my child from the excursion.

I agree to reimburse the school for any wanton damage caused by my child.

I agree to reimburse the school for any hospital, medical or ambulance expenses incurred by the school on behalf of my child.

Signature of Parent/Guardian:

Date:

Student Declaration

I agree to observe the rules and to co-operate with the teachers throughout the excursion.

Signed:

Date:

Personal Information Protection Statement

Personal information will be collected from you for the purpose of obtaining student details and will be used by the school for managing school excursions. Failure to provide this information may result in your child being unable to attend the excursion. Personal information will be used for the primary purpose for which it is collected and may be disclosed to health care and emergency services in the case of an emergency. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Principal.