



# GLENHAVEN PUBLIC SCHOOL

Phone: 9634-3675 Fax: 9899-5911  
74A Glenhaven Road, Glenhaven, NSW, 2156  
E-mail: [glenhaven-p.school@det.nsw.edu.au](mailto:glenhaven-p.school@det.nsw.edu.au)  
Website: [www.glenhaven-p.schools.nsw.gov.au](http://www.glenhaven-p.schools.nsw.gov.au)

27 June, 2022

Dear Parents/Caregivers,

## YEAR 4 – OVERNIGHT CAMP – SYDNEY ACADEMY OF SPORT, NARRABEEN

This note will provide you with more details about our camp commencing on **Wednesday 14 September and concluding on Thursday 15 September 2022**. Students are reminded that they are to be at school at **8.45am** and assembled in the school hall.

<b>Dates:</b>	<b>Wednesday 14 September – Thursday 15 September, 2022</b>
<b>Transport:</b>	Students will be travelling to and from the venue by seat belted-coach
<b>Time:</b>	<b>9.00am – <i>the coaches will not be able to wait for late arrivals.</i></b> We will be returning to school on <b>Thursday 15 September, 2022 by 3.00pm</b>
<b>Cost:</b>	Total cost of camp is \$245.00. The final payment of <b>\$100.00 is required to be paid in full by Friday 12 August, 2022.</b>

Any medication must be clearly labelled with the child's name, class and dosage instructions. Medicines will then be collected by teachers prior to departure. Please ensure all medication is in its original packaging then placed in a clear zip lock bag labelled with your child's name.

Once at Sydney Academy of Sport, students will not be permitted to phone home. If an emergency arises and you wish to contact your child, please email Mr Reid directly – [david.reid23@det.nsw.edu.au](mailto:david.reid23@det.nsw.edu.au)

Medical and Dietary Information must be returned by **Friday 12 August 2022** so that we can forward pertinent information.

**What to Bring:** (Please ensure everything is labelled)

Own pillow Refillable water bottle Sleeping bag (thick and warm) Sun cream and hand sanitiser Insect repellent Tissues Small backpack (used as a day pack) Thongs for showers only Bath Towel Toiletries - toothbrush/toothpaste/soap/washer/ comb/brush Hat Pyjamas (perhaps a tracksuit) Underwear x 3, socks x 3	Warm Jacket Casual clothes – (It is important to dress in layers as days may be warm, however nights and mornings can still be cold.) T-Shirts, Sloppy Joe, trackpants, beanie, gloves, shorts (no singlet's, minishorts or midriff tops) Raincoat / windproof spray jacket Closed shoes (2 pairs) - joggers and a spare pair Plastic bags (for dirty clothing) Torch <b>NO mobile phones including camera phones, MP3 players, iPods</b> <b>NO lollies, chocolate or any peanut related items</b>
--	--

The students will be participating in different activities. The students will be split up into groups. Not all groups will do all activities. All students will be encouraged to challenge themselves however no one will be forced to do something that they don't want to do. If you have any questions, please see your class teacher.

Please be advised that there is a risk of contracting Covid at any event. Under current government guidelines, each person participating in school camps are **encouraged to complete a RAT within 24 hours of attending the camp**. **If your child is identified as a household contact, they will NOT be able to attend camp**, even if they are not exhibiting any symptoms. If a student contracts Covid at camp they will need to be collected by a parent.

# CONTACT DETAILS & MEDICAL INFORMATION

**Name of School:** Glenhaven Public School

**School Year:** 2022

**Class:** .....

**Student Details:**

Surname: ..... Given Names: .....

Address: .....

..... Postcode: .....

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Male  Female

**Parent/Guardian Details:**

Please Circle: Mother/Guardian

Father/Guardian

Other Contact

Full name of Parent/Guardian: .....

Home Phone: .....

Work Phone: .....

Mobile Phone: .....

Medicare Number: .....

Child's Position on Card: 1 2 3 4 5 6 Valid until:.....

Name on Card: .....

Ambulance Cover Yes  No

Private Health Fund Name: .....

Health Fund member number: .....

Is your child in good health? Yes  No

Does your child suffer from any Chronic Illness/Injury? Yes  No

If yes, please specify: .....

.....

Does your child require regular medication? Yes  No

If yes, please specify: .....

.....

.....

Does your child suffer from any Allergies? Yes  No

If yes, please specify: .....

.....

In the event of an emergency and I am unable to be contacted, I authorise my child receiving such medical treatment that is deemed necessary. I also undertake to cover any costs that may be incurred with any medical treatment received, ambulance transport and medication while my child is at Camp.

Students will be travelling by private coach. I also agree to my child travelling on these buses while at camp.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to Covid-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Full Name of Parent Guardian: .....

Signature: .....

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# MEDICATION / DIETARY REQUIREMENTS

**School:** Glenhaven Public School. **Student Name:** ..... **Class:**.....

Has your child suffered from any Acute Illness in the past four months? Yes  No

If yes, please provide details: .....

Has your child had any major surgery? Yes  No

If yes, please specify: .....

Is your child's Immunisation up to date, including tetanus? Yes  No

If yes, what year was the last booster given? .....

**A separate note in relation to medications** being taken at the time of camp will be issued two weeks prior to camp, to be completed and handed in with the medications on the morning of camp.

Does your child wet the bed? Yes  No

Does your child sleepwalk? Yes  No

Do you give permission for Panadol to be administered if required? Yes  No

Does your Child have any **Dietary Requirements**? Yes  No

If **YES** please specify:

**Food not to be eaten**

**Reason** e.g. allergy/religion

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

## Rapid Antigen Test:

I give permission for my child to complete a Rapid Antigen Test (RAT) whilst at camp, if they or someone in their cabin / group develops symptoms.

Yes  No  If no is indicated and any students display symptoms where we are unable to complete a RAT, your child will need to be collected from the camp.

If my child contracts Covid at camp, I will collect them from the camp.

Parent/Guardian Signature: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_