

16 August 2019

Dear Parents,

This is our third information letter for our school camp. All camp letters will be posted on the Huruhuru Team website and the Stella Maris School website.

**Camp Meeting** - A camp information evening for the parents/caregivers of Year 5/6 students will be held in St Patrick classroom at 7pm on Wednesday 4th September. At this meeting we will talk about our programme, activities, and camp routines and you will have an opportunity to ask any questions that you have. This is not a meeting for students.

**Health and Consent Forms** - This form is attached to this newsletter. To help us prepare for any medical and dietary needs, please fill out this form and return to the container in St Joseph classroom by Monday 2nd September. We will contact individual parents if we require any further information about their child.

**Cost** - A reminder that the cost for the camp is \$350 per child attending. If your child has dietary needs, eg. no dairy, gluten, vegetarian, the cost will be \$370. Please include this dietary information on the Health and Consent forms. The camp cost can be paid in installments or the total amount at once. Please pay your child's cost at the school office, or directly online ASB 12 3046 0362238 00 Ref: Camp and Surname.

**Newspaper** - for some of the activities the children will be taking part in we require a supply of newspaper. Please collect any newspapers you may have between now and camp. There will be a box in the Huruhuru atrium for newspaper to be stored in. Thank you for your help with this.

Kind Regards Huruhuru Teachers

**STELLA MARIS PRIMARY SCHOOL  
CONFIDENTIAL CONSENT AND MEDICAL FORM**

**CHILD'S FULL NAME:**

*Parent/caregiver contact details while child is at camp*

**MOTHER'S NAME:**

**FATHER'S NAME:**

Address:

Address:

Work Phone:

Home Phone:

Work Phone:

Home Phone:

Cellphone:

Cellphone:

**EMERGENCY CONTACT – Name:**

Relationship To Child:

Work Phone:

Home Phone:

Cellphone:

I give permission for my child to participate in the school camp at:  
(name of camp) \_\_\_\_\_  
(date of camp) from \_\_\_\_\_ to \_\_\_\_\_

- In the event of accident or illness, I authorise the obtaining on my behalf any medical assistance, if, in the opinion of staff, such treatment is required, and agree to meet any costs incurred.
- I agree that my child should take part in activities and necessary duties as part of the camp programme.
- I understand that the school will not accept responsibility for loss or damage to personal property.
- I agree that my child will follow all camp rules (this includes no electronic games, cellphones or junk food to be taken to camp)
- I understand that this information is given in confidence and is meant to assist in the safety of my child during camp.

**MEDICAL INFORMATION:** *Please tick anything in the following list from which your child suffers and give necessary details in the space below or on separate sheet if necessary.*

Asthma		Bedwetting		Sleepwalking	
Sinus/Hayfever		Sting allergies		Food allergies	
Drug allergies		Seizures		Other?	

**Further details of anything marked above (eg: medication, specifics of allergies, dietary needs...) - Please fill in information on the back of this form.**

- My child has received the series of 3 tetanus injections YES / NO
- Date of last tetanus immunisation \_\_\_\_\_
- I give permission for my child to be given Paracetamol should this be necessary YES / NO
- Is this the first time your child has been away from home on their own? YES / NO

SIGNED:

DATE:

**MEDICAL INFORMATION:**

**Fill in any medical, allergies and dietary needs below.**