



Year 6 Kerem Camp

Dear Year 6 Families,

The Year 6 2017 Camp has been finalised. It will be held from Wednesday 11th October until Friday 13th October (Week 1, Term 4). We will be attending Kerem Adventure Camp which is located in Bullsbrook. Students will be staying in cabin/dorm type accommodation for two nights.

As Kerem is in Bullsbrook, we are asking **parents to arrange for their child to be dropped off at the camp school at 10.00am on the Wednesday and picked up from the venue at 2.00pm on the Friday.** If parents are unable to transport their child to and/or from the venue, we ask that you organise another child's parents to do this for you. If you have difficulty with this please indicate on the Camp Contract (attached).

Kerem Adventure Camp Address: 100 Kirby Rd, Bullsbrook WA

ATTACHED DOCUMENTS TO KEEP:

- Packing List
- Itinerary for the week

ATTACHED DOCUMENTS TO SIGN AND RETURN:

- Camp Contract –
Parents and students to read and sign (this is also the permission slip for the camp).
If you are available to transport other people's children please indicate on the contract.
- Medical Form

COST:	The total cost of the camp per student:	\$260
	Through fundraising (Fun Run) you have paid:	_____
	Balance to be paid:	_____

The balance to be paid and the attached signed documents are due by Friday 1st September (Week Seven, Term Three)

Thank you,
Mr Mario Taddei and Mrs Dawn Chester
Year 6 Teachers
20th July 2017

YEAR 6 KEREM CAMP PACKING LIST

WHAT TO PACK (TRY TO FIT INTO ONE BAG)	TICK
Pillow	
Sleeping bag / Doona	
Towel for shower	
Thongs for showers	
Supportive sneakers for adventure activities (skate shoes not allowed)	
Water bottle with name clearly shown	
NO MOBILE PHONES OR ELECTRONICS ALLOWED!!! Personal cameras are accepted. Note: any personal items are the responsibility of the owner alone. Any damage or loss is the student's responsibility. Supervising adults will not look after any personal items and therefore take no responsibility of any loss or damage.	
PJs	
3 pairs of socks (minimum)	
3 pairs of underwear (minimum)	
2 pairs of shorts (minimum)	
3 t-shirts (minimum)	
1 jumper (minimum)	
1 pair of jeans or long pants (minimum)	
1 set of older clothes for Colour Run activity	
2 plastic bags to put dirty clothes in	
Deodorant	
Sunglasses (optional)	
Hat	
Sun cream	
Toothpaste & toothbrush	
Small shampoo & conditioner	
Hairbrush (& hair elastics, shower cap for the girls)	
Soap (in sealed container) or shower gel	
Small box of tissues	
Aeroguard	
Small quantity of lollies/snack type items eg. muesli bars	
Rain protection- we suggest a cheap poncho or jacket with a hood.	

Kerem Year 6 Camp 2017

WEDNESDAY	THURSDAY	FRIDAY
	Wake up / Dress	Wake up / Dress
	Dorm Check	Pack, Clean & Dorm Check 7-8am
	Breakfast 8-9am	Breakfast 8-9am
Dropped Off at 10am	9-10.30am	9-10.30am
Set Up	3 Groups- Rotations	3 Groups- 30 min Rotations
Briefing	Archery, Rock Climbing, Low Ropes	ZorbBalls, TreasureHunt, MorningT
Morning Tea 10.30-11am	Morning Tea 10.30-11am	10.30-12
11-12.30pm	11-12.30am	3 Groups- 30 min Rotations
Tug-O-War Challenge & Team Building Games	3 Groups- Rotations	ZorbBalls, PipeWorks, DiscGolf
Lunch 12.30-1.30pm	Low Ropes, Archery, Rock Climbing	Free Play 12-12.30
	Lunch 12.30-1.30pm	Lunch 12.30-1.30pm
1.30-3pm	1.30-3pm	Picked Up at 2pm
Colour Run / Wars	3 Groups- Rotations	
Clean Up & Showers	Rock Climbing, Low Ropes ,Archery	
Afternoon Tea 3-3.30pm	Afternoon Tea 3-3.30pm	
Group Activity	Group Activity	
Free Play (basketball,soccer,etc)	Free Play (basketball,soccer,etc)	
Dinner 6-7.15pm	Dinner 6-7.15pm	
Night Activity	Night Activity	
Shower & Bed	Shower & Bed	



CAMP CONTRACT



Name of Student: _____

Address: _____

Home phone: _____ Parent mobile: _____

2nd Emergency contact phone: _____

PARENT/STUDENT CONTRACT

Camp organisers realise the responsibility parents/caregivers give them when allowing their child to attend a camp and endeavour to cover all eventualities.

The organisers, like parents, place trust in the students to demonstrate sensible behaviour at all times. All camps are an extension of school and carry the same rules and restrictions. In addition, the campsite usually has a set of conditions, which must be observed.

Students failing to comply with this contract may be returned to their home at their parent's or caregiver's expense.

Parents: I understand this contract and give permission for my son/daughter _____ to attend the Madeley Primary, Year 6 Camp at Kerem from 11th to the 13th October 2017.

Travel to the Kerem Camp Site

- ☐ I will be transporting my child to the venue.
- ☐ I have organised for _____ (Parent Name) who is the parent of _____ (Child Name) to transport my child to the venue.

Pick up from the Kerem Camp Site

- ☐ I will be collecting my child from the venue.
- ☐ I have organised for _____ (Parent Name) who is the parent of _____ (Child Name) to collect my child from the venue.

Assistance Required with Transport

- ☐ I am unable to transport my child. I would like my child to be transported to and from the camp by another parent. I am happy for my phone number to be given to another parent so that they can contact me to organise the transport.
- ☐ I am available to transport another child to and from the camp.

Signed: _____ Parent/Caregiver

Students: I understand and agree to abide by all camp rules and restrictions. I also agree that if I infringe any of the same, either verbal, written or traditionally understood, I may be returned to my home at my parent's expense.

Signed: _____ Student

Special Dietary Requirement

If your child has any special dietary requirements, can you please list them below:

MEDICAL AUTHORITY FORM

Strictly Confidential

This form is intended to assist school and supervising staff in case of any emergency with your child.

Student Details

Students Name _____ Date of birth ____ / ____ / ____

Parent/Guardian (Full name) _____

Address _____ P/code _____

Telephone: Home _____ Work (father) _____

Work (mother) _____ Mobile: _____

Name of family Doctor _____ Phone _____

Medicare # _____ Medical Insurance # _____

MEDICAL DETAILS

Is your child subject to asthma, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes ☐ No ☐

If 'Yes' give details _____

Is your child allergic to:

Penicillin ☐ Give details _____

Any other drug ☐ Give details _____

Any food ☐ Give details _____

Bees ☐ Give details _____

Other ☐ Give details _____

Is any special care required?

Yes ☐ No ☐ Give details _____

OTHER CONDITIONS

Bed Wetting ☐ Give details _____

Other ☐ Give details _____

Date of last tetanus vaccination ____ / ____ / ____ Don't know ☐

MEDICATIONS

Arrangements for the safekeeping and handling of medications must be made prior to the camp.

Is your child presently taking tablets and/or other forms of medication?

Yes ☐ No ☐

Does your child self-administer the medication?

Yes ☐ No ☐

If 'Yes' give details (dosage, frequency, name of medication and reason for use).

I am aware that any costs incurred as a result of any accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the camp.

I agree to inform the organisers before the scheduled camp departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

Where it is not practical to communicate with me, I authorise the teacher/s in charge of the camp to consent to my child receiving such medical attention as may be considered necessary.

Signature of Parent/Guardian _____ Date ____ / ____ / ____