



## Year 6 Kerem Camp

Dear Year 6 Families,

To celebrate the hard work and behaviour of the students this year, the Year Sixes are invited to attend Kerem Adventure Camp. It will be held from Wednesday 16<sup>th</sup> October until Friday 18<sup>th</sup> October (Week 1, Term 4). Kerem Adventure Camp 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

<b>COST:</b>	The total cost of the camp per student:	\$295
	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 6<sup>th</sup> September (Week Seven, Term Three).**

We encourage payments via the Qkr! app – this is a very simple and quick process and it alleviates the need for busy parents to come into the office or send money in with students. Instructions on how to download the App are available in Connect library or alternatively google Qkr and download the app.

Thank you,  
Year 6 Teachers  
8<sup>th</sup> August 2019

## 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.	



## **CAMP CONTRACT**



Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent mobile: \_\_\_\_\_

2<sup>nd</sup> 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 16<sup>th</sup> to the 18<sup>th</sup> October 2019.**

#### **Travel to the Kerem Campsite**

- ☐ 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 Campsite**

- ☐ 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:

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**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**

Student Name \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian (Full name) \_\_\_\_\_

Address \_\_\_\_\_ P/code \_\_\_\_\_

Mobile (mother) \_\_\_\_\_ Mobile (father) \_\_\_\_\_

Work (mother) \_\_\_\_\_ Work (father) \_\_\_\_\_

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_