



**YEAR 4 CAMP**  
**Monday 23<sup>rd</sup> – Wednesday 25<sup>th</sup> October 2017**  
**CAMP MANYUNG, MT ELIZA**

Dear Parents,

All Year 4 children will have the opportunity to attend Camp Manyung from Monday 23<sup>rd</sup> to Wednesday 25<sup>th</sup> October this year. Camp Manyung is on the Mornington Peninsula at Mt Eliza situated on a magnificent coastal property with breathtaking views across Port Phillip Bay and surrounding areas. This is an exciting opportunity for the children to explore new skills and learn in a safe and secure beach environment.

Camps are a very important part of our curriculum and it is hoped that all children will attend. Through our camps program we provide a range of opportunities for children to learn new skills in environmental and outdoor education, enhance students' development in social skills and cooperative team work skills and further promote the school values.

Activities making up the program at Camp Manyung may include the flying fox, snorkelling, beach games, UHF radios, tree rolling, giant swing and coastal environment walks. All activities will be supervised by highly experienced YMCA camp facilitators and AGPS staff. Night activities could include a bush walk with a torch, trivia questions and/or a disco.

Please send a **\$90.00 deposit, forwarded with the reply slip**, to confirm your child's attendance.

Initial deposit:	<b>\$90.00</b>	due by Friday 28 <sup>th</sup> July 2017 ( <b>along with reply slip attached</b> )
Instalment 2:	<b>\$75.00</b>	due by Friday 18 <sup>th</sup> August 2017
Instalment 3:	<b>\$75.00</b>	due by Friday 1 <sup>st</sup> September 2017
Instalment 4:	<b>\$75.00</b>	due by Friday 15 <sup>th</sup> September 2017

**THE TOTAL COST OF THIS CAMP IS \$ 315.00**

You can access further information about this camp at  
<http://www.camps.ymca.org.au/locate/manyung/about-camp-manyung.html>

**ALL YEAR 4 parents/ guardians must **complete the MEDICAL slip attached and return it to school by Friday 15<sup>th</sup> September, 2017.****

If you have any questions or concerns please feel free to contact any of the Year 4 teachers.

Regards,

***Lauren Reed, Ross Graham, Laura Steen and Melissa Taylor***

**Year 4 Teaching Team**

**ALL YEAR 4 PARENTS TO COMPLETE THE**  
**RELEVANT PARTS OF THIS REPLY SLIP**  
**AND PLEASE RETURN BY FRIDAY 28<sup>TH</sup> JULY 2017**

**Year 4 Camp: Monday 23<sup>rd</sup> – Wednesday 25<sup>th</sup> October 2017,**  
**Camp Manyung, Mt Eliza**

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

My / Our child **IS ABLE** to attend the Year 4 Camp 2017

I / We have included a deposit of \$90.00     Cash     Cheque (please tick)

BPAY Receipt number \_\_\_\_\_

QKR

Please debit my (*circle appropriate*) VISA / MASTERCARD                      Total \$. \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

My / Our child **IS UNABLE** to attend the Year 4 Camp 2017.

(Optional) If possible please provide a brief reason for your child not participating in the camp program:

\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

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

I / We would like to discuss the camp program with my child's teacher before deciding on my/our child's attendance.

Parent / Guardian Name: \_\_\_\_\_

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

**Year 4 Camp: Monday 23<sup>rd</sup> – Wednesday 25<sup>th</sup> October 2017**

**Camp Manyung, Mt. Eliza**

For your convenience please find below a payment schedule for the final three remaining payments for camp. You may follow this schedule or pay the remainder in one lump sum. If you have already paid the full amount or your child will NOT BE attending camp, PLEASE disregard this notice.

Thank you,

**Lauren Reed, Ross Graham, Laura Steen and Melissa Taylor**

**Year 4 Teaching Team**

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**YEAR 4 CAMP - FINAL PAYMENT \$75.00**

**DUE Monday 15<sup>th</sup> September 2017**

STUDENT'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

Enclosed Payment of: **\$75.00**  CASH  CHEQUE  BPAY REC# \_\_\_\_\_

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: \$ \_\_\_\_\_  QKR

**CREDIT CARD NUMBER** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_ / \_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**YEAR 4 CAMP - INSTALMENT 3 PAYMENT \$75.00**

**DUE Monday 1<sup>st</sup> September 2017**

STUDENT'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

Enclosed Payment of: **\$75.00**  CASH  CHEQUE  BPAY REC# \_\_\_\_\_

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: \$ \_\_\_\_\_  QKR

**CREDIT CARD NUMBER** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_ / \_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**YEAR 4 CAMP - INSTALMENT 2 PAYMENT \$75.00**

**DUE Monday 18<sup>th</sup> August 2017**

STUDENT'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

Enclosed Payment of: **\$75.00**  CASH  CHEQUE  BPAY REC# \_\_\_\_\_

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: \$ \_\_\_\_\_  QKR

**CREDIT CARD NUMBER** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_ / \_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



# 2017 YEAR 4 CAMP MANYUNG STUDENT MEDICAL FORM

This report is intended to assist the school in case of any medical emergency with your child.  
All information is held in confidence.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_. Class: \_\_\_\_\_

Parent's / Guardian's Full Name \_\_\_\_\_

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

Emergency Telephone \_\_\_\_\_ After Hours: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Mobile/s \_\_\_\_\_

Name, Address & Phone of Family Doctor: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ambulance Subscriber No: \_\_\_\_\_

Medical / Hospital Insurance Fund: \_\_\_\_\_ Contribution No: \_\_\_\_\_

**Please tick appropriate box if your child suffers any of the following:**

- |                                       |   |  |                                   |
|---------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> Bed wetting  | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Migraine        | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Sleep walking    | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Blackouts    | <input type="checkbox"/> Heart condition  | <input type="checkbox"/> Travel Sickness |                                   |
| <input type="checkbox"/> Other        | Please state: _____                       |  |                                   |

**Allergies to:**

- |                                     |                                |                                      |  |
|-------------------------------------|--------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Foods | <input type="checkbox"/> Other drugs | <input type="checkbox"/> Other allergies |
|-------------------------------------|--------------------------------|--------------------------------------|--|

What special care is recommended?

\_\_\_\_\_  
\_\_\_\_\_

**Tetanus Immunisation:**  My child **IS** immunized  My child **IS NOT** immunized

**ANALGESICS: In the event of my child requiring the administration of an analgesic, I HEREBY CONSENT to my child being given the recommended child dosage of Paracetamol** Parent Signature: \_\_\_\_\_

**Tablets and Medicines:**

All medicines must be handed to the teacher in charge, with your child's name, the dose to be taken and when it should be taken, on the medication slip, which will be distributed the week before camp.

(Medication will be kept in a secure place and distributed as required.)

Please do not allow children to be in possession of any medicine while on the camp.

**Previous Experience:**

Is this the first time your child has been away from home ?  YES  NO

**Special Dietary Considerations:**

Are there any special dietary considerations  YES  NO If so please provide information.

**Consent to Medical Attention:**

I authorise the teacher in charge of the excursion / tour to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_