



Corpus Christi Primary

GROWING TOGETHER AS THE BODY OF CHRIST

Year Five Camp Yarramundi Excursion 2019

Dear Parents,

On **Tuesday 29th October**, Year Five will be travelling to Camp Yarramundi. This excursion has been planned for Term 4 as students prepare to become leaders of the school community. Many students assume that leadership is something that some people are chosen for and others miss out on. This camp presents the view that everyone has the opportunity to lead in different situations and therefore everyone is on the journey of growing as a leader. Students will have the opportunity to participate in a series of activities, which encourage them to work together as a team in order to achieve a goal. They will learn to develop their skills to communicate effectively, work cooperatively and respect each other. Please read the information below so that you are aware of what your child will need and experience.

Where: Camp Yarramundi – Springwood Rd Yarramundi

When: **Tuesday 29th October**

Students will need to be at school by 8.20am so that the bus can leave at 8.40 am sharp.

What to wear: Students will need to wear their full sports uniform including their school hat.

What to bring: Students will be required to bring 2 water bottles and sunscreen in a small BACKPACK.

While **Morning Tea and Lunch will be provided on the day by Camp Yarramundi**, students may also bring their own additional snack for morning tea if they wish. The morning tea provided by Camp Yarramundi will consist of a variety of fresh fruit and a drink. Please indicate the allergies that your child may have on the attached form.

- Students will **return to school by 4.30pm.**

The students will participate in 3 out of the following 4 activities depending on which group they are in.

Flying Fox

Rock Climbing

Giant Swing

Cave Maze

Supervision – The following teachers will be attending the excursion, Mrs Ivana Algeri, Miss Brittany Byrne, Mr Bradleigh Camilleri and Mrs Mary Clark. They will provide supervision along with the staff of the camp at each of the activities.

Please complete the **Medical and Consent form provided by YMCA Camp Yarramundi**. The camp requires this information for liability reasons and enables your child to participate in the above activities. You will also need to complete the permission note attached and return it to your child's teacher no later than **Monday 21st October 2019. (Week 2 Term 4).**

Yours sincerely

The Year 5 team.



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Year 5 YMCA Camp Yarramundi Permission Note

To be returned NO later than Monday 21st October 2019

Dear _____,

I give permission for my child _____ in class _____ to attend the YMCA Camp Yarramundi excursion on Tuesday, 29th October.

- ☐ I understand that my child will travel to and from the venue by Bus.
- ☐ I understand that my child will participate in a series of team building activities that include Rock climbing, giant swing, flying fox and cave maze.

Parent Signature: _____

Contact number: _____

Emergency Contact Person: _____

Contact Number: _____

Please list any medical conditions and complete the Medical and Consent Form on the other side of this form:

Medical & Consent-Child

Name of Student:				
Address:				
Age:	D.O.B:	/ /	Sex:	Height: Weight:
Emergency Contact: Name:				
Phone:		(hm)	(wk)	(mob)
Medicare Number:		No. on Card:	Ambulance Cover: Y / N :	
Private Medical Cover: Y / N:				(details)
Doctor's Name:			Phone:	
Does your child suffer from: any chronic injury or illness ? Y / N:				(details)
: Asthma ? Y / N : Triggers:				(details)
Does your child have any allergies ? (eg drugs, food, plants) Y / N:				(details)
Does your child suffer from: Heart Problems ? Y / N:				(details)
: Blood Pressure ? Y / N:				(details)
Does your child have any emotional / behavioural disorders ? Y / N Phobias ? Y / N				
If yes please specify:				
Does your child require medication ? Y / N May we administer Paracetamol if required? Y / N				
Has your child been ill or required medical attention in the last four (4) weeks ? Y / N				
If yes please specify:				
If your child has seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.				
Date of last tetanus injection: _____ (if your child's tetanus is not current please see your doctor)				
Does your child: Wet the Bed ? Y / N Sleepwalk ? Y / N Suffer travel sickness? Y / N				
How would you rate your child's swimming ability ?				
Unable – Nothing more than dog paddle Poor – Basic strokes, only limited strokes beyond domestic swimming pool Good – Strong swimmer, able to swim confidently in a variety of water conditions Excellent – Very strong and confident, could swim 50 mtrs fully clothed (Please give details of swimming certificates attained eg Bronze Medallion)				
Special Dietary Requirements ?				
Activity Restrictions ? See attached list.				
Nb/ Activities are chosen to suit the age and ability of campers Campers will not have sufficient time to do all activities If there is insufficient space please attach separate page with details				

PARENT or GUARDIAN CONSENT

As parent / guardian I understand that the YMCA NSW and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child / ward's participation in activities of a hazardous nature, though the YMCA NSW and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward, that may place him / her at greater than normal risk. I authorise the YMCA NSW and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the camp. Should my child/ward need to be returned home for any reason I will cover any associated costs.

I consent to my child/ward attending camp on this understanding.

Signature of Parent / Guardian

Full Name of Parent / Guardian

Date