31st January 2017

Dear Year 5 parents,

In Week 4, the Year 5 students will be attending a camp at Vision Valley Arcadia from Tuesday 14th to Wednesday 15th February. The camp has a focus on team building and leadership. The children will be involved in a variety of team activities that will help them to bond together in their new Year 5 learning community and at the same time help them to understand how each of them can develop leadership qualities.

Students will be travelling to Vision Valley Arcadia by bus and will need to be at school by **8:00am on Tuesday morning** for departure at **8:30am** sharp. Students will return to school on **Wednesday afternoon in time for normal school dismissal**.

All Year 5 teachers will be accompanying the students on camp, as well as Mrs Nettleton and Mr Visser. The camp is a very rewarding experience and it is expected that all children will be in attendance. **Children will be involved in activities including waterslides, canoeing, low ropes, orienteering and team challenges.**

Please complete and return to school the permission note below and the attached Medication Form by **Wednesday 8th February**.

Yours Sincerely,

Mrs Rochelle Borg, Mrs Nicole Metwally, and Mrs Ilana Blazevic

YEAR 5 TEACHERS
Child’s Name: ___________________________Class: Blue    Gold    White

Permission form:
I give permission for my child to attend the Year 5 Excursion to Vision Valley on Tuesday, 14th and Wednesday 15th February. I am aware of the travel arrangements and the nature of the activities that my child will be involved in while on the excursion.

Signed:________________________________ Date: ______________
(Parent/Guardian)

Water Safety
Please select the appropriate category for your child in regards to their swimming ability:

( ) Cannot swim    ( ) Can swim 25m    ( ) Can swim 50m

Medical Information form:
To protect your child from possible embarrassment, but not to exclude him/her from the program, the following information is needed:

1. Does your child walk in his/her sleep, wet the bed at night, etc? If so specify
   ________________________________________________________________________

2. Apart from medical needs (see below) are there any factors which might affect the care of your child that you would like to make staff aware of?
   ________________________________________________________________________

3. Are there other factors, which might affect the care of your child, such as asthma, allergies, diabetes, convulsive seizures?
   ________________________________________________________________________

4. Daily Medication required on camp (Please specify)
   ________________________________________________________________________

5. Has your child been exposed to any communicable disease within the last 21 days?
   ☐ Yes  ☐ No  If so, which one?
   ________________________________________________________________________

6. What are the name, phone number and address of your child’s physician?
   ________________________________________________________________________

7. Child’s Birth Date:  Month _____________  Day _____________  Year _____________
8. Has your child had a tetanus shot? ☐ Yes ☐ No If so, when?

___________________________

9. Has your child ever had penicillin? If so, is he/she allergic to it?

___________________________

10. Is your child allergic to any other medication? ☐ Yes ☐ No If so, which ones?

______________________________________________________________________

11. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity? If yes, explain.

______________________________________________________________________

12. Diet needs/restrictions, in case of health problem

______________________________________________________________________

Parents will be notified immediately of any illness or accident to their child and care will be given to them in accordance with parent’s wishes. The nearest public hospital to the overnight accommodation is Hornsby Ku-Ring-Gai Hospital.

Medicare Number: (If medical attention is required)

______________________________________________________________________

Should it be necessary for my/our child to have medical treatment while on camp, and I/we cannot be reached by telephone, I/we hereby give the school permission to use their judgment in obtaining the best service as is required. I/we understand that any cost incurred will be my/our responsibility.

Signed: ___________________________ Date: _____________________________

(Parent/Guardian)

Contact Phone Numbers where parent or guardian can be reached:

<table>
<thead>
<tr>
<th>HOME</th>
<th>BUSINESS:</th>
<th>EMERGENCY:</th>
</tr>
</thead>
</table>

Additional comments of Parent/Guardian:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
BEHAVIOUR CONTRACT

This contract is to ensure that you are aware of the high standard of behaviour expected of you during our excursion to Bathurst.

Only sign this contract if you agree to abide by the conditions contained within.

I understand that a high standard of behaviour is expected of me whilst I am on the excursion to Vision Valley. I will be polite and respectful in all my dealings with instructors, teachers and other adults. I will treat my peers with respect and value the property and personal possessions of others. I will conduct myself with the knowledge that unacceptable behaviour may result in injury of myself and/or others and that such behaviour will not be tolerated.

I will at all times be mindful of the fact that I am an ambassador of St. Bernadette’s School, my parents and family.

I understand that should I decide not to abide by these conditions my parents will be contacted to discuss further action required which may include my parents collecting me from Vision Valley.

SIGNED:.................................................................................... (Child)

WITNESSED BY:................................................................. (Parent/Guardian)
YEAR 5 VISION VALLEY EXCURSION 2017

**Items required for this excursion:**

Sees attached notes (day bag and packing list for overnight bag)

**Items NOT allowed on the excursion**

- Aerosol cans - roll on deodorants only – no hairspray.
- Excessive lollies, chips, drinks etc
- Extra food is unnecessary as the students are well fed.
- **No foods containing nuts are permitted on the camp.**

**Contact Phone Number at the Vision Valley is 9655 2600 and school mobile number will be 0439 443 273.** These numbers are for emergency use only.

**Accompanying Teachers** Mrs Nettleton, Mr Visser, Mrs Borg, Mrs Blazevic, Mrs Metwally.

**Behaviour** - It is stressed that the utmost cooperation is expected from the students. Poor behaviour **will not** be tolerated. In the event of concerns about the behaviour of a student or the safety of other students parents will be contacted immediately to discuss further action.

**Medication** - Is to be handed to your child’s class teacher on the morning of departure. Such medication is to be **clearly labelled** with the student’s name and instructions for administration.

**Accommodation** - Students will be accommodated in comfortable rooms of approximately 3-10 students. Some rooms have an ensuite and others share a communal bathroom. Students will be allowed to choose friends but teachers will have the final say on the groupings.