MARINE DISCOVERY CAMP – 2015

Dear Parents,

Our annual Marine Discovery excursion to Jervis Bay which is from 16th – 18th February 2015, is fast approaching. Thank you for your interest in this fantastic opportunity. The next step in the process is to complete the necessary paperwork prior to the camp. In this package you will find two sets of notes as follows:

- Warragamba Public School excursion permission note and medical information form for overnight excursions
- Camden Park Environmental Education Centre program information, medical information note and snorkelling permission note

All notes must be completed fully and returned to school by Wednesday 11th February.

If you have not done so already, a deposit of $50 will need to be paid by next Wednesday 4th February to secure your child’s spot. The remaining balance of $81.50 will need to be paid no later than Wednesday 11th February.

Kindest Regards,

Louise Fyffe
Relieving Assistant Principal

__________________________________________________________________________________

YEAR 6 MARINE DISCOVERY EXCURSION 2015

I give permission for my child to attend the marine discovery excursion to Jervis Bay from Monday 16th February to Wednesday 18th February 2015. I understand that day 1 will take place at Warragamba Pool and that travel to and from Jervis Bay on days 2 and 3 will be either by bus or car. I also understand that students will be supervised and accompanied by Mrs Fyffe, Mrs Barlow and Mr Muller in addition to teachers from Camden Park Environmental Education Centre.

Child’s Name: __________________________________________

Child’s Class: ______________________

Parent/Caregiver Name: __________________________________________

Parent/Caregiver Signature: __________________________________________

Date: ______________________
To the Parent,
The purpose of this questionnaire is to ensure supervisors are aware of relevant medical history of students in their care. A positive response will not necessarily exclude your child from activities, though a pre-existing condition may affect safety during snorkelling activities and you may be requested to seek the advice of your family physician.

Please answer the following with a Yes or No, except where details are requested:

Does your child take regular prescription or non-prescription medication?  
If so, please list: __________________________________________________________

If your child has regular medication please supply only required amount, in an unbreakable container clearly labelled with child's name, medication name, dosage and times required. This should be handed to your child's class teacher before departure.

Has your child ever had or do they currently have:  ALL must be answered.
- Asthma? __________________________________________
- Frequent or severe attacks of hay fever or allergy? __________
- Frequent colds, sinusitis or bronchitis? __________
- Any form of lung disease? __________
- Collapsed lung? __________
- Claustrophobia or agoraphobia? __________
- Epilepsy, seizures, convulsions? __________
- Migraine headaches? __________
- History of blackouts or fainting? __________
- Diabetes? __________
- Recurrent back problems? __________
- Inability to perform moderate exercise? (eg walk 2km in 15 mins) __________
- History of heart disease? __________
- History of ear or sinus surgery? __________
- History of ear disease, hearing loss or problems with balance? __________
- Allergies __________
- Current skin conditions? __________

If yes, please provide details: ________________________________________________________________

Any special dietary requirements?  ____________________________________________________________

Any diagnosed learning difficulties? __________________________________________________________

CHILD'S NAME ___________________________  Date ___________________________

Signed ________________________________  (Parent / Carer)

In case of emergency please supply the following contact information:

Parent (name) ___________________________  Other contact (name) ___________________________
Phone (H) _______________________________  Relationship to student ___________________________
(W) ________________________ (M) ________________________  Phone contact ___________________________
Medicare Number: ___________________________  Expiry Date ___________________________