



Devonport Primary School

Kerr Street, Devonport, Auckland. Ph: 09 445-0183 Fax: 09 445-408

Camp Adair 2011

Newsletter No. 2 ~ 29th June 2011

Dear Parents / Caregivers,

Thank you to those parents who have offered assistance as 'Camp Helpers.' We had well over 20 offers from parents keen to be with us for the week and to be completely fair we have had a ballot to determine the camp personnel. The names were drawn out yesterday afternoon under the direction of Mrs Hardcastle.

The camp parents drawn out of the ballot were as follows:

Jane-Anne Anderson, Jan Barlow, Roger Beaumont, Philip Cavanagh, Kirsten Coles, Murray Craft, Fiona Farnworth, Alan McDonald, Alan Michie, Tracey Ramdhanie, Jamie Spencer, Yvonne Ten-Have and Anna Thomas.

In case one of the parents listed above cannot attend, two extra names were drawn and these were Alison Butcher and Manuel Garcia.

We apologise to parents who were so keen to come along for the four days and haven't been drawn out in the ballot, but we believe this is the fairest way to resolve this difficulty.

We will be having a meeting for camp helpers early next term and will confirm the date shortly. Other interested parents will also be very welcome to attend.

Parents do need to give their child formal permission to attend camp. It would be appreciated if you could please fill in the permission form and accompanying confidential medical report form and return them to school as soon as possible.

Should you wish to speak to either of the teachers regarding any medical or other camp-related matter, please give us a ring or come into school.

Kind regards,

Bruce Tilby and Matt Johnson

Camp Adair 2011

Parent's/Caregiver's permission and information form

I give permission for my son/daughter to attend the 2011 Year 6 camp.

Camp at: **Camp Adair, Hunua Ranges**
Dates: **30 August - 2 September 2011**

I give permission for my son/daughter to go by bus from Devonport to Camp Adair, Hunua on Tuesday, 30 August 2011 and to complete the return journey on Friday, 2 September 2011.

- I agree that he/she should take part in activities and necessary duties as may be required by staff.
- I authorise the obtaining on my behalf of any medical assistance, if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred.
- I have informed the school of any medical or physical disabilities likely to prove detrimental to him/her or others during the programme.
- I understand that the school will not accept responsibility for loss or damage of personal property.
- Should my son/daughter be involved in a serious disciplinary problem, I accept that he/she may be sent home at my expense.

Name: Signed:

Address:

Date:

Telephone numbers

Day..... (Name.....)

Night..... (Name.....)

Alternative..... (Name.....)

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CONFIDENTIAL MEDICAL REPORT

Please complete the form and return to class teacher, as soon as possible.
This report is to assist us in case of any eventuality with your son/daughter.
All information is to be held in confidence.

Child's Name:..... Room.....

Parent/Caregiver's Address:.....

Telephone:.....(Day)(Night)

Is your child presently taking tablets and/or medicine, YES / NO
If yes, please state the name of the medication and the dosage:

.....

Prior to children leaving, all medicines must be handed to the staff member in charge of First Aid. Please label with your child's name, the dose to be given and when it should be taken.

(These will be kept by the staff member and distributed as required).

Please tick if your child is allergic to any of the following:

Penicillin ()

Any foods ()

Drugs ()

Name of allergy:.....

Important Information relevant to condition:

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Please tick if your child suffers any of the following:

Asthma ()

Bedwetting ()

Blackouts ()

Dizzy spells ()

Fits of any kind ()

Heart Condition ()

Migraine ()

Sleep walking ()

Travel Sickness ()

Other ()

Important Information relevant to condition:

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Last tetanus immunisation was on/...../.....

Is this the first time your child has been away from home?.....

I authorise the teacher in charge, where it is impracticable to communicate with me, to ensure that my child receives such medical treatment as may be deemed necessary.

Name: _____.

Signed: _____.

Date: _____.