



# ST JUDE'S PRIMARY SCHOOL

49 Mulley Street, Holder ACT 2611  
PH: (02) 6288 7688  
EMAIL: office.stjudes@cg.catholic.edu.au  
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Tuesday 6<sup>th</sup> February 2018

Dear Parents and Carers,

The time is drawing near for our Year 5 and 6 camp at Berry Sports and Recreation Centre.

Please read this information sheet in conjunction with the **Medical Information** and **What to Bring** information. The details are as follows:

**DATES:** Leaving St Jude's on Wednesday 14/02/2018 at 7:30am sharp (ensure students arrive 15 minutes before departure).

Departing on Friday 16/02/2018 at 1:00pm for a 5pm arrival time at St Jude's (please ensure someone meets the students).

**TRANSPORT:** Coach

**ACCOMMODATION:** Cabin style accommodation

**COST:** The cost for the trip will be \$340 which includes transport, accommodation, all meals and all leader lead activities mentioned on the itinerary. Parents are asked to pay for camp when you can. You can pay by cash, credit card, cheque or QKR. If payment presents a problem please contact Mr Galvin. No student should miss out on camp due to an inability to make this payment.

**PURPOSE OF THE TRIP:** Having camp early in the year will encourage and allow opportunities for the students to get to know their classmates in a relaxed and enjoyable format. It will be a good opportunity for team building. It is also a good opportunity for the staff to understand and learn more about the students and help build positive relationships for the year.

**SUPERVISION:** The group will be supervised by Kathy Laudenbach, Sharon Hart, Anna Stincic, Karen Western, Peter Galvin and one other teacher.

**WHAT TO BRING:** See attached List. **NO ELECTRONICS ARE TO BE BROUGHT TO CAMP (this includes mobile phones).**

**ACTIVITIES:** Children may participate in a variety of activities.

***Please complete the permission note and medical information form and return by  
Friday 9<sup>th</sup> February 2018.***

If you have any questions or concerns, please don't hesitate to contact your child's teacher.

Kind regards,

Kathy Laudenbach, Sharon Hart, Anna Stincic and Angela Sallecchia



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## PERMISSION NOTE – Berry Sports and Recreation Centre

*Please complete and return to school no later than **Friday 9<sup>th</sup> February 2018.***

**Child's Name:** .....

**Class:** .....

I hereby give permission for my child \_\_\_\_\_ to attend the Year 5/6 excursion to Berry Sports and Recreation Centre on the 14<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup> February 2018. I give permission for him/her to travel to and from the venue. I give permission for him/her to take part in any activities arranged. In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also undertake to pay medical fees and/or cost of medication which may be incurred.

Special conditions or requirements (please list)

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.....  
.....

Name (Parent/Caregiver): ..... Date: .....

Signature (Parent/Caregiver) : .....

**MEDICAL INFORMATION: Berry Sports and Recreation Centre**

Please complete and return to school no later than Friday 9<sup>th</sup> February 2018.

**CHILD'S FIRST NAMES:** ..... **SURNAME:** .....

**ADDRESS:** .....

**TELEPHONE: (Home)** ..... **(Mobile - Mother)** .....

**(Mobile – Father)** .....

**PARENT/GUARDIAN NAMES IN FULL (Block Letters)**

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**MEDICAL INFORMATION - IMPORTANT - PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Does your child suffer from any medical condition? (asthma, diabetes, epilepsy, car sickness etc). Please note any details of the medical management program that the teacher may need to be aware (please use back if more room needed).

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2. Give details of any medication your child is currently taking together with the dispensing routine. Medication brought to camp should have the child's name, dosage and dosage times clearly marked. Only medication in the child's name will be administered (please use back if more room needed).

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3. Give details of any allergy your child has to common foods, plants, insect bites, medications (e.g. penicillin) etc.

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4. In what year was your child last immunised against tetanus? .....

Medicare No. .... Private Health Fund ..... No. ....

5. Special Diet - If your child requires a SPECIAL DIET please indicate (do NOT include child's likes & dislikes).

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Signature (Parent/Caregiver) : .....

## **WHAT TO BRING:**

### **Berry Sports and Recreation Centre**

Please label all clothing, towels and sleeping bag with your child's name.

- Shorts and t-shirts (no singlets, sleeveless or midriff tops)
- Jeans
- Jumpers and tracksuit pants
- Socks and underwear
- Raincoat
- Warm jacket (winter only)
- Three layers of warm clothing (winter only, or all-year round at Jindabyne, Borambola, Lake Burrendong and Lake Keepit)
- Pyjamas
- Swimming costume and rashie shirt
- Sunscreen, sun hat and sunglasses
- Two pairs of running shoes (one old pair to wear in the water)
- Toiletries, soap, lip balm and insect repellent (no aerosols)
- Two towels
- Pillow, sleeping bag or doona and two single flat sheets (Sydney Academy provide pillows)
- Day backpack
- Paper, pens or pencils
- Plastic bags for dirty or wet clothes
- Medication (if required)
- Handkerchief or tissues
- Water bottle

#### **What not to bring:**

- Aerosol cans (i.e. spray-on deodorant or insect repellent)
- Mobile phones and other electronic devices
- Lollies or chewing gum
- Jewellery
- Anything valuable (The Office of Sport takes no responsibility for the loss or damage to a client's personal property, including money or other valuable items)