

## 2019 YEAR 6 CAMP

Dear Parents/Guardians

The Year 6 camp will be held at the Ern Halliday Recreation Camp in Hillarys from Wednesday 6 March through to Friday 8 March 2019.

**The cost of the camp will be \$240 per child.**

The cost will cover food, accommodation and planned activities with qualified instructors. If this cost is going to cause any financial hardship to your family, please contact Mr Geoff Elliott. As we would like all Year 6 children to attend, alternative financial arrangements can be made. The full amount or part payments can be made immediately.

Should your child have any specific food allergies please notify Mrs George as soon as possible so that the caterers can be advised.

Please return the permission slip with any payments to the school as soon as possible. Our preferred method of payment is through direct deposit into the school bank account:  
BSB: 016494  
Account No. 3408 33383  
Child's Name and Class No.

Cash, credit card and cheques are also accepted using the envelopes provided and placed in the payment box in B Block.

If your son/daughter has special needs requirement, please provide full details and include any relevant medical details on the attached Student Health Care Summary.

Regards

**JULIE GEORGE & BRAD CECINS**  
**YEAR 6 TEACHERS**

11 February 2019

## CONSENT FOR YEAR 6 CAMP

I give permission for my child \_\_\_\_\_ to attend the Year 6 Camp at Ern Halliday Recreation Camp Hillarys from 6 March to 8 March 2019.

I have read and understood the information regarding the nature of the activities in which my child will be participating and the supervision and accommodation arrangements.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

I have enclosed/deposited \$ \_\_\_\_\_ as full / part payment for the camp.

### HEALTH DECLARATION (Tick appropriate box)

My child does not have any health conditions or special needs that will require support from school staff while he/she attends the camp

OR

My son/daughter has health conditions or special needs that will require support from school staff while he/she attends the camp. I have provided full details and include any relevant medical details on the attached *Student Health Care Summary*.

PARENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_