

Thursday 8th June 2023



Dear Parents / Caregivers & Whanau,

Year 5/6 Finlay Park Adventure Camp 2023 Information Letter #4

We are well underway with our planning for camp next term and it is great to see the students getting excited about the different activities.

Camp Groups and Dates Reminder:

Group 1: Monday 11th - Wednesday 13th September	Group 2: Wednesday 13th - Friday 15th September
Room 18, 19, 22	Room 25, 26, 27
Camp Leader: Kristy Graveson	Camp Leader: Kristy Graveson
Teachers Attending: Tammy Parker, Rachelle Bright, Karen Mackie	Teachers Attending: Tamara Murray, Ashleigh Oliver

Final Camp Costing:

The final cost of camp is \$210.00 per student. Thank you to all parents who have let us know that they would like their child to attend camp and those who have given the school \$50 in Term 1. This leaves \$160 to cover the cost of each child's camp.

A break down of what you have given the school is as follows (as of 7th June):

MONEY GIVEN	
\$50.00 sent in Term 1 with Permission Slip	\$
Individual Raffle Fundraiser	\$
Online Payments	\$
Total Amount Remaining	\$

Our final camp payment is due by **Friday 11th August**. We continue to encourage the use of Online Kindo School Shop and Eftpos for money coming into the school.

Clothing, Equipment and Food:

All children will require a comprehensive gear list, including a sleeping bag, thermals (pants and top), raincoat, beanie and gloves, sturdy covered-in footwear and woollen socks for their time away. On the back of this newsletter you will find a detailed list so that you can start looking out for these items, borrowing from family and checking out sales.

The weather in September can be unpredictable and change quickly but as students are moving about most of the day, shorts and t-shirts are also required.

Medical and Swimming Consent Forms:

Attached to this newsletter is the Medical Report, Consent and Child Contract forms, and the Swimming Consent. It is important that this information is carefully read and correctly completed to ensure the health and safety of your child at camp. All forms need to be returned by **Friday 23rd June (Week 9)** to your child's classroom teacher.

If you have any questions about camp please do not hesitate to make contact on kgraveson@katikati.school.nz

Kind regards,

Kristy Graveson
Year 5/6 Team Leader

GEAR LIST - FINLAY PARK 2023

General Clothing		Other	
	Undies (4)		Backpack / School bag
	Socks (6)		Lunch box
	PJ's		Drink Bottle
	Long Johns / Thermal Underwear		Waterproof bags for dirty clothing
	Woollen Hat / Beanie		
	Togs / Wetsuit	Extras	
	Fleece		Camera
	Sweatshirt / Jersey (2)		Cards
	Trackpants (2)		Torch
	T-shirt / Skivvy / Long sleeve (3)		Teddy Bear
	Parka / Waterproof Jacket		
	Old clothes for Paintball	Food Provided by Home	
	Fleece		Bag of Fruit
Bathroom Gear			Home Baking in a named container
	Bathroom Bag		Morning Tea - for Day 1
	Toothbrush / Toothpaste		Lunch - for Day 1
	Soap		
	Towels (2)	What <u>Not</u> to Bring	
Sleeping Gear			Cellphone
	Sleeping Bag		Electronic Games
	Blanket		iPod / MP3
	Pillow with Pillow Case		Knives
	Bottom Sheet		Lollies / Chewing Gum / Sweets
Footwear			
	Walking Shoes (sturdy)		
	Slippers (optional)		
	Aqua Shoes if available		



KATIKATI PRIMARY SCHOOL

Confidential Medical Report, Consent and Child Contract - Finlay Park Adventure Park

Year 5/6 Camp 11th September - 15th September 2023

A. Parental / Caregiver Consent and Acknowledgment of Risk

Student Name: _____	Room: _____
Parents' / Caregivers' Address: _____	
Telephone: _____ (Day)	_____ (Night)
Emergency Contact - Name: _____	
Phone No: _____	
I give permission for my son / daughter _____ to participate in Yr 5/6 Finlay Park Adventure Camp, 11th September - 15th September 2023.	
I agree to do the following to make this happen:	
● I agree that he / she can take part in the timetabled activities	Yes / No
● I understand that the school will not accept responsibility for loss or damage of personal property (check own household policy)	Yes / No
● Should my son / daughter be involved in a serious disciplinary problem I accept that he / she may be sent home at my expense	Yes / No
● I understand that there are risks with any EOTC event and acknowledge that the school has identified any foreseeable risks and has procedures in place to eliminate, isolate or minimize those hazards	Yes / No
● I agree to reimburse any medical costs incurred by my child (should it be required) whilst on camp, e.g. x-rays, Doctor visits	Yes / No
● I understand that my child will be fully informed of safety procedures	Yes / No
● I understand that I am able to ask questions of the school about any activity to gain a better understanding of the risks	Yes / No
● I understand that my child may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.	Yes / No

B. Health Profile (Parent / Caregiver to fill in)

1. Is your child currently taking tablets and / or medicine	Yes / No
If YES, please state the name of the medication and the dosage: _____	
● All medicines must be handed to the teacher-in-charge prior to leaving, with your child's name, the dose to be given and when it should be taken.	Yes / No
● I authorize the obtaining on my behalf any medical assistance if, in the opinion of staff, such treatment is necessary and agree to meet any costs incurred	Yes / No
● I authorize the giving of medicine, if in the opinion of staff such medicine is necessary, e.g. Paracetamol	Yes / No

- What pain medication may your child be given if necessary?

- Has your child been in contact with any infectious diseases in the last 4 weeks? **Yes / No**
If YES, please give brief details:

- Is there any information that staff should know to ensure physical and emotional safety of your child? E.g. cultural practices, anxiety about heights / darkness / small spaces, behaviour or emotional problems. **Yes / No**

- If **YES**, please give details below:

- Is this the child's first time away from home? **Yes / No**

Please do not allow children to be in possession of any medicine whilst on the trip, with the exception of those using inhalers for asthma on a self-monitoring basis.

2. Please tick if your child suffers any of the following and provide an action plan for treatment:

Bed wetting Fits of any kind Heart Condition Dizzy Spells

Asthma Blackouts Migraine Travel Sickness

Other (please specify):

Allergies to:

Penicillin Any food Drugs Insects

What treatment is required?

Last tetanus immunization was: _____

N.B. Tetanus injections are needed every 10 years

3. Does your child have any special dietary requirements? Please state below:

It's really important that you disclose ANY medical conditions that may affect your child's safety. This report is to assist us in case of any eventuality. All information is held in confidence.

C. Student Contract (Parent / Caregiver please go over this with your child)

I know that this trip / camp is part of my learning and will help me to practise skills and gain attitudes and values away from school.

I need to make good choices about the learning and safety of both myself and others.

I agree to do the following to make this happen:

- Show courtesy and consideration to others

- Follow the rules and instructions of staff and other supervisors at the event
- Take part in all activities
- Declare medical conditions that could affect participation in the event
- Accept the rules set by the school for the event, even if they are different from what is accepted at home
- Look after myself and personal belongings

I understand that my parents / caregivers will be contacted and I may be sent home at their expense if:

- My actions are considered unacceptable by staff
- My actions put others or myself in any danger

Student Name: _____

Date: _____

Student Signature: _____

Parent / Caregiver Name: _____

Date: _____

Parent / Caregiver Signature: _____

Please return form by Friday 23rd June (end of Week 9) to your classroom teacher



KATIKATI PRIMARY SCHOOL
Swimming Consent - Finlay Park Adventure Park

Year 5/6 Camp 11th September - 15th September 2023

Dear Parents / Caregivers & Whanau,

We require your consent to allow your child to participate in water activities at the Year 5/6 camp. These activities include using the hydroslide and spa pool at Finlay Park.

Please tick appropriate box

SWIMMING ABILITY	YES	NO	DON'T KNOW
Is your child able to swim 50 metres?			
Is your child water confident in a pool?			
Is your child confident in deep water?			
Is your child able to tread water?			
Is your child able to survival float?			
Is your child confident in open inland water?			
Is your child safety conscious in and around water?			

1. I would like _____ (name of child) to take part in the swimming activities. Yes / No

2. I have read the information provided about the events and agree to my child taking part in the activities. Yes / No

3. I consent to any emergency treatment required by my child during the course of the event. Yes / No

4. I confirm that my child is in good health and I consider him / her fit to participate. Yes / No

Name of parent / caregiver _____ Date _____

Signed _____

Please return form by Friday 23rd June (end of Week 9) to your classroom teacher