

Camp Permission Notes

Boshack

Eco Self Sustainable Outback Oasis

Camp School



Dear Parents/ Guardians



RE: Boshack Camp

The Year ____ Camp to Boshack Camp School is from the _____.
Students are to bring one bag containing clothes and also a day backpack, which will be with them at all times. Students will need to bring morning tea and lunch with them for the journey down (**not too many lollies please and NO soft drinks**).

Accommodation is at Boshack Camp School on Wattening Springs Rd, Bolgart. Boshack is 120km from Perth. Teachers participating at camp are _____

Boshack Camp School strives to develop and foster a sense of belonging, community, cooperation, friendship and leadership. The students will be challenged on a number of levels throughout the physical, emotional and spiritual program. Camp school programs are complementary to the formal classroom programs and provide teachers with opportunities to extend student learning in all Learning Areas in relevant, practical and supportive environments.

While educationally based, the camp also allows the student to develop a greater understanding of themselves and their goals in life. It is an opportunity to discover the beauty of nature through the people around them and the world they live in.

The camp setting encourages students to live successfully in a social situation and take responsibility for their own lives.

Please read through the following information with your child so you know the guidelines and what is happening on camp. If there is an emergency when we are away, please contact the school.

The Year ____ Camp will be an enriching education and life experience for everyone involved.

(Teacher)

✂ _____

I _____ (*print name*) have read through the following camp information with my child.

Signed: _____



Permission Slip

I _____ give my child _____ permission to travel by train and local bus, as part of the Year ___ Camp to Boshack Camp School, during the dates _____, inclusive. I **grant/ do not grant** permission for my child to participate in all camp activities as set out in the itinerary provided.

Signature

Date

Medical Permission Note

As Parent/ Guardian of _____.

I _____ give my consent for **him/her** to participate in activities for the Year ___ Camp † Boshack Camp School and agree to delegate my authority to the staff involved.

In the event of any illness or accident, I authorise the obtaining on my behalf of such medical or ambulance assistance as my child might require. I accept all risks of treatment involved and the responsibility for payment of any expenses incurred.

I submit the attached medical information about the above student and include details of limitations, which **he/she** has for any of the planned activities as set out in the itinerary.

Signature

Date

Students: I understand and agree to abide by all camp rules and restrictions. I also agree that if I infringe any of them, I may be returned to my home/ school at my parents' expense.

Signed: _____

Date: _____

STUDENT MEDICAL INFORMATION

STUDENTS' NAME: _____ D.O.B. _____

HOME ADDRESS: _____

PARENT CONTACT TELEPHONE NUMBERS:

Home: _____

Work: _____ (mother) _____ (father)

Mobile: _____ (mother) _____ (father)

OTHER EMERGENCY CONTACTS (Two people who will be contactable during camp times):

1. Name: _____ Relationship: _____

Phone No: _____ Phone No: _____

2. Name: _____ Relationship: _____

Phone No: _____ Phone No: _____

DATE OF LAST TETANUS INJECTION: _____

OTHER RELEVANT INFORMATION: (Please include any relevant health and/ or personal details which would assist staff in their Duty of Care responsibilities concerning your child, eg. allergies, home situations, family law court order etc).

MEDICAL INFORMATION

	WRITE YES or NO	DETAILS Please provide type of response required in timeframe required.
1. Heart Problem		
2. Respiratory Problems		
3. Allergies		
4. Travel Sickness		
5. Phobias		
6. Recent Operations or Treatments		
7. Drugs Required		
8. Drug Reactions		
9. Allergies (eg. food etc)		
10. Recent Illness		
11. Sleep Walking		
12. Other Information		
13. Away from home/ Parent Concerns		
14. Ambulance Insurance		
15. Special Dietary Requirements (eg. no butter on bread)		

	DETAILS
Family Doctor:	Number:
Medicare No.	
Medical Benefits + No. (Eg. Medicare Private, HBF) Other - please specify	
Health Card No.	

Signed: _____ (parent/ guardian) Date: _____

Water Based Permission

I give my child _____ permission to participate in Boshack's water based activities.

Swimming Ability (refer to DET'S Swimming and Water Safety Continuum)

1	Beginner	7	Intermediate
2	Water Discovery	8	Water Wise
3	Preliminary	9	Senior
4	Water Awareness	10	Junior - Swim & Survive
5	Water Sense	11	Swim & Survive
6	Junior	12	Senior - Swim & Survive

Unsure

My child has achieved stage _____ Date Achieved ___ / ___ / ___

Please detail any concerns you may have.

Parent/ Guardian Name : _____

Parent/ Guardian Signed: _____ Date: ___ / ___ / ___



Media

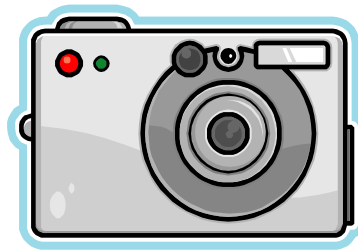
I give/ do not give Boshack Camp School permission to use my child, _____, photos for the following:

- Boshack Website
- Boshack Promotional material
- Articles for the Community News

Parent/ Guardian Name: _____

Parent/ Guardian Signed: _____

Date: __/__/__



Dear Parents,

I am writing this letter to inform you of the dates set for the Year _____ Camp at Boshack Camp School.

The camp is taking place from the _____, inclusive.

The cost of the school camp is - \$ _____ for the **days** (this includes fares, accommodation, meals, activities and excursions whilst on camp). **Please give this to the office ASAP so I can finalise payments.**

Please ensure that money is given to the office in an envelope which is clearly labelled “CAMP MONEY” and your child’s NAME.

If you are interested in being a supervisor on camp, please complete the details below. I will then let you know who will be joining us on camp.

Thank you

(Teacher)

✂.....

I _____ would like to join the Year _____ Camp at

Boshack Camp School. From:

I realise I will be a supervisor and will stay on-site for the time stated above. If needed, I am able to bring my own car for the duration of the camp.

Please detail below if you have any training in First Aid etc...

