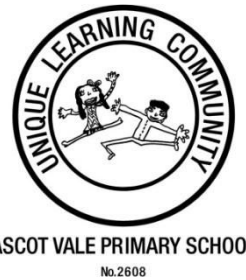


Wednesday March 14th



## 3/4 Campaspe Camp 2018

Dear Parents of Year 3/4 Students,

Please find attached the following camp information:

- Medical form (purple form)
- Permission form (green form)
- AVPS Medication Authority Form (blue form) to be filled out only if your child is on short term medication during camp (**to be given to Jason in the staffroom between 8.15am-8.45am on Wednesday, May 2nd**)
- Packing list for your reference – please refer to this carefully.

Please return your permission slip (green form) and medical form (purple form) no later than **Friday August 31<sup>st</sup>, 2016**.

Students are required to be at school by **8.45am on Wednesday 2nd May 2018**. The bus will **leave for camp at 9.15am sharp**. Campers will return at **approximately 3.30pm on Friday may 4th 2018**.

If you have any further questions, please don't hesitate to contact us at school.

Kind regards,  
Lucy Mackinnon  
Camp Coordinators

CAMPASPE DOWNS CAMP 2018

I give permission for my child \_\_\_\_\_ in Unit \_\_\_\_\_ to attend Campaspe Downs Camp from Wednesday 2nd May to Friday 4th May 2016 inclusive. In the event of an accident or injury I give permission for the teacher in charge, where it is impractical to communicate with me, to authorise for my child to receive such medical treatment as may be deemed necessary.

I understand that my child will be travelling by bus to and from Campaspe Downs Kyneton

Parent name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Parent Phone Number: \_\_\_\_\_

**OPTION 2:**

I will not be collecting my own child from Melbourne Tullamarine Airport on Friday October 7<sup>th</sup>, 2016. I nominate the following person to collect my child on my behalf. I understand that the adult collecting my child will be required to show photo identification to the teacher in charge for my child to be released from the care of Ascot Vale Primary School teaching staff.

Name of nominated person: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Nominated person contact phone number: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency parent phone number: \_\_\_\_\_

\*\*If your child suffers from a medical condition and/or requires medication during camp, please complete the **AVPS Medication Authority Form**. This form must be given to **Ian** on the morning we leave for camp. Staff will be unable to give your child medication without the signed dosage form. If you require an extra form, please print it from our website under the notes and forms tab.