Grade 5 camp – Norval, Halls Gap
Monday 1st June – Friday 5th June, 2015

Child’s Name: ___________________________________________ Grade: __________________________

Parent/Guardian’s full name: ______________________________________________________________

Section A - Medical Consent

Where the teacher-in-charge of the camp is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above) ___________________________ Date: ________________

Section B - Student Behaviour

‘I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the camp, he/she may be sent home. I further understand that in such circumstances I will be informed and that any arrangements and costs associated with his/her return will be my responsibility.’

Signature of parent/guardian (named above) ___________________________ Date: ________________

Section C – Emergency Transportation

NOTE: The closest expert medical care is 29 kilometres away.

‘In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff.

Signature of parent/guardian (named above) ___________________________ Date: ________________

Section D – Photography

‘I consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgement and without being entitled to any remuneration or compensation.’

As children are not allowed to bring personal cameras to camp we will make a CD containing photos taken at camp. These CDs will be prepared and distributed to children.

Signature of parent/guardian (named above) ___________________________ Date: ________________

Parent Consent

I have read all of the above information provided by the school in relation to the Grade 5 Camp, including any attached material.

I give permission for my child __________________________________________ (full name) to attend the Grade 5 camp, to be held Monday 1st June – Friday 5th June, 2015.

Parent/Guardian: _____________________________________________________________ (full name)

Signature of parent/guardian: __________________________________ Date: ________________

Payment: [ ] $80 (deposit) or [ ] $460 (payment in full)

Return date: Friday 6th March 2015 (all forms and payment)