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Port Waikato Camp - Letter 1

04.02.2019

Dear Parents, Caregivers, and Whanau

2019 is camp year, which we are sure the students are all looking forward to. We are busy preparing an exciting programme for the students, ensuring Port Waikato Camp 2019 will be a memorable time for all.

Over the next few weeks, lots of information will be coming home regarding camp for you to read and discuss with your children. It is important that if you have any questions that you contact the school and talk to a senior teacher or myself.

Camp Details

Where: Port Waikato School Camp

When: Tuesday 19th March - Friday 22nd March (School Week 7)

Camp Costs

As with most extra curricular activities, there is a cost to go on camp. This covers: accommodation, food, and activity fees. **The cost for camp 2019 is \$150.** We understand that this is a significant cost for families. If this is a challenge, please contact the school so that arrangements can be made to spread costs over the year. We do suggest setting up an automatic payment (details are attached). Please have payments or arrangements made as soon as possible but before Friday 8th March. If arrangements have not been made, we will contact you. **Payments can be made to the school office via cheque, cash, eftpos, bank deposit or automatic payment.**

In the event that donations are received that reduce costs, this price will be reduced and a credit will be added to the student's school account. This will be confirmed after camp in term 2.

Transport

As part of keeping costs down, we transport students to and from camp via parent cars. *If you are able to provide transport either to/from camp or both please indicate on the return form.* Please note that all cars need to be road legal and all children require seatbelts.

Food Donations

All donations of food are greatly appreciated. For snacks, **all families are asked to provide some tasty home baking.** However, we also appreciate donations of food that can be used for meals. These include: *Meat patties, Sausages, Chicken Roast, Mince, Bacon, Potatoes, Carrots, Apples, Bananas or other fruit.* Please indicate on the return form if you are in a position to donate or source donations on behalf of the school. We would appreciate a weight or quantity for these donations to assist with our pre camp food order.

Other Donations

Wood - Port Waikato hot water is heated by a fire furnace. Therefore we need to provide wood to heat it. For this a trailer load at the most is appreciated. If permitted we will cook on open wood fires at campout, so require small non treated wood that is easily lit.

Camp Cookers - Due to fire bans, we can at times only be allowed to cook on butane powered camp cookers. If you have one of these that you don't mind us using please indicate on the return form.

Kayaks - To keep costs down we have not hired kayaks this year. So if you are willing to lend your family's kayaks and life jackets this would be appreciated and can be indicated on the donations form.

Tents - Due to the large number of students and parents going we will need some extra tents for camp out.

Medical

Also included with this letter is a medical form. While we have the information that you share with the school on file, this information is more camp specific. It is important that up to date information is supplied so that we can support your child in all situations. If you would prefer to meet with us to discuss any issues relevant to the camp experience, please get in touch.

Camp Clothing List

A clothing list has also been included. **Please do not go out and purchase anything special for this camp.** This list is based on a basic week at camp. We do not encourage new items of clothing or new shoes to be taken on camp because they may get lost or ripped, and will get dirty. If you do not have some of the items please include the next best thing or get in touch with us. **PLEASE NAME ALL ITEMS INCLUDING UNDERWEAR AND SOCKS.**

Please ensure that, if at anytime you are unsure, you get in touch with us at school. **There will be a parent information evening this Thursday 7th February at 6pm to discuss camp** and other events happening in the senior school so please keep this night free.

All forms need to be returned by Friday 15th February so that we can finalise our organisation.

We appreciate your support during this time. Camp is an exciting time for all but especially our students. Please ensure that all forms are returned and keep your eye out for more information as the time draws closer.

Regards,

Chris Marks
Kowhai Team Leader
on behalf of Kowhai Team teachers.

Port Waikato 2019 Return Forms

Please return all attached forms by Friday 15th February.

Please return all forms.

Section 1 = Payment options

Section 2 = Transport and Donation Form

Section 3 = Parental Consent Form (Permission to go to camp)

Section 4 = Medical Consent Form (Medical information)

(Section 1)

Port Waikato 2019 Camp PAYMENTS

The cost of camp in 2019 is \$150 per student.

PAYMENTS CAN BE MADE DIRECTLY TO THE SCHOOL OFFICE

This can be done via cheque, cash, eftpos, bank deposit or automatic payment.

Making payments via Internet Banking

Account Name: David Street School

Bank Name & Branch: ASB Morrinsville

Account Number: 12-3437-0000066-00

If you could note the Family Name and reason for payment, this will allow us to easily identify who and what the payment is for -

Example -

Particulars: Smith Ben

Code: Trip payment

Ref: Any further details if needed

(Section 2)

Port Waikato 2019 Camp

TRANSPORT FORM

(please return to your child's PC Teacher by Friday 15th February)

Child's Name _____

PC Teacher: _____

Name of parent/driver: _____ Phone Number: _____

I am able to provide transport **to** Port Waikato (19/03/2019) for _____ children in seatbelts.

I am able to provide transport **from** Port Waikato (22/03/2019) for _____ children in seatbelts.

I have a current WOF, Registration and Full License (please tick)

I can provide a trailer to take equipment (please tick) covered uncovered
big small
Ute

Port Waikato 2019 Camp

DONATIONS FORM

(please return to your child's PC Teacher by Friday 15th February)

Child's Name _____

PC Teacher: _____

We are able to donate the following for the school camp: (please list the item and indicate approximately how much of each item you can donate or the kg weight for meat). We will send information home regarding drop off times. The following items are what we require for food donations. *Meat patties, Sausages, Chicken Roast, Mince, Bacon, Potatoes, Carrots, Apples, Bananas or other fruit.*

Vegetables (type & Quantity) _____ Meat (type & Quantity) _____

Fruit (type & Quantity) _____ Wood _____

Equipment (Gas cooker, large tent to share with adults, small tent for children to use, kayaks, paddles, life jackets, anything extra...)

(Section 3)

Port Waikato Camp 2019
Parental Consent, Emergency Contacts and Risk Disclosure
(please return to your child's PC Teacher by Friday 15th February)

PARTICIPANT INFORMATION FORM

Please complete these details:

Name Student _____

Address _____

Home Telephone _____

Family Doctor Name _____

Telephone _____

Address _____

Medic Alert number (if applicable) _____

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)

Contact 1: Emergency Contact

Name: _____

Relationship: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Mobile: _____

Contact 2: Alternative contact

Name: _____

Relationship: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Mobile: _____

To be read and signed by adult assistant or parent/caregiver of child participant.

Parental Consent

I agree to my child/myself taking part in the EOTC event and have received sufficient information on which to base a decision. Some of the activities include, kayaking, abseiling, rock climbing, swimming, and archery. I agree to their/my participation in the activities described. I acknowledge the need for them/me to behave responsibly.

Acknowledgement of Risk

I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards.

I know that I am able to ask any questions of the school about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice'* procedure. My child and I both understand that I/they may withdraw from an activity if I/they feel at risk. This must be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property

Name: _____

Signature: _____

Date: _____

* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.

(Section 4)

Port Waikato Camp 2019

Health profile and medical consent

(please return to your child's PC Teacher by Friday 15th February)

Child Name: _____ Medic Alert Number: _____
(if applicable)

1. Please tick if you have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	Other (Please specify)	_____		
ADHD	<input type="checkbox"/>				
Sleepwalking	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>		

2. Are you/your child currently taking medication? Yes No

If YES, please state: Health condition/s: _____

Name of medication/s: _____

Dosage and time/s to be taken: _____

Other Treatment: _____

3. Is a health plan required? Yes No

Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?

Yes No

If YES, please state the injury/illness:

4. Is your child allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

What treatment is required? _____

5. When was you /your child's last tetanus injection? _____

6. Outline any dietary requirements due to health reasons:

7. What pain/flu medication may your child be given if necessary?

8. To the best of your knowledge. Have you/your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes No

If YES, please give brief details

9. Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; behaviour or emotional problems).

Yes No

If YES, please state or attach the information.

Tick

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event

I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs not covered by ACC or a community service card will be paid by me.

If my child is involved in a serious disciplinary problem, or actions that threaten the safety of others, s/he will be sent home at my expense

To be read and signed by adult participant or parent/caregiver of child participant.

Signature: _____

Name: _____ Date: _____

Student Clothing List
Port Waikato Camp 2019
19th - 22nd March

Please name everything

LUNCH for the first day AND NAMED DRINK BOTTLE

Sleeping Bag
Pillow and Pillow Slip
Pyjamas
Raincoat
Sweatshirt / Jersey x2
5 x shorts
5 x t-shirts
2 x track pants
at least 6 pairs underwear
at least 6 pairs socks
2 x towels
Togs x 2
Face cloth
Toothbrush and toothpaste
Soap in a container
Shampoo
Sunscreen
Sunhat
Handkerchief / tissues
2 pairs (preferable) Sneakers / Sandshoes (not new)
Jandals / Sandals for around camp
4 x plastic bags for dirty washing
2 x tea towel

6 pegs for hanging up wet gear

Home baking - 'Nut Free'

(delivered to kitchen in Te Ao Marama on Monday 18th March please)

Optional

Fishing gear / Small Fishing Net
Torch and batteries
Camera (disposable or digital at own risk)