



1274 Waotu Road, RD1, Putaruru
Telephone: (07) 8832815
Email: office@tewaotu.school.nz

5th March, 2020

Dear Parents and Caregivers,

CAMP 2020

Our camp plans have been confirmed for the 11-15 May, Week 3 of Term 2. This camp will offer new experiences to our students once again, with a city focus, together with some outdoor fun and adventure. We will be spending one night in the heart of the Auckland City at The Base Backpackers on Queen Street, then head to Camp Adair located in the Hunua Ranges out of Papakura.

As always, we need a great team of parents to help our camp run successfully. With 70 students attending camp this year, we require a record number of 15 parents who are prepared to provide transport. Your other costs of food and accommodation will be covered. Please fill in the attached form and return to school asap so that police vetting can be completed before camp starts.

The cost of the camp this year will be a maximum of \$250 per student. This cost has been generously subsidised by the SSG and the Board.

Camp fees are due before we depart for camp. Please fill in the attached form regarding your payment plans. If you wish to discuss this further, please contact Ryves.

Please complete the attached health and permission form and return the form in by Week 1 of next term.

Many thanks,

Sandra Hamilton, Peter Robinson, Janene Ellison and Ryves Hunt

Auckland 2020 Camp Permission Form

I give permission for _____ to attend the Auckland Camp from Monday 11th May to Friday 15th May 2020.

- I agree that he/she should take part in all activities or necessary duties.

Payment options:

- I will pay in full now. Payment is enclosed.
- I will pay the full amount by internet banking on _____ (date).
- I will pay in instalments of _____. My method of payment will be cash/cheque/internet (please circle). *Please inform Chris of this arrangement so that we can track and record payments.*

Caregiver name: _____

Signature: _____

Date: _____



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Parent Help Form for Year 5-8 Auckland Camp 11-15th May

- I wish to attend camp this term as a parent helper. *Please note that parents will need to be prepared to abide by our camp code of conduct.*
- I am able to transport and actively supervise children.
- I am able to transport _____ children with shoulder fitting seat belts.
- I consent to undertaking a police check. *A police vetting form will then be sent home for you to fill in and return to school once we have received expressions of interest.*

Please outline below any skills or qualifications you have that would be useful for us to know about. Examples include: first aid certificate, outdoor qualifications, catering experience or sports or hobbies that may connect with the camp. This information helps with health and safety considerations and organisation of activities.

Name: _____

Signature: _____

Phone: _____

Please return this form to school by Monday 16th March.

Many thanks,

Janene, Sandra, Peter, Ryves

Te Waotu School Camp Medical Form



Name: _____ Room: _____

Please complete and return to the office by **Wednesday 29 April**. These notes are confidential. The information will be used to plan for any eventualities and in the case of your child needing medical assistance.

Mother / caregiver name _____

Address _____

Home Phone _____ Work Phone _____ Mobile _____

Father / caregiver name _____

Address _____

Home Phone _____ Work Phone _____ Mobile _____

Other contact person _____

Address _____

Home Phone _____ Work Phone _____ Mobile _____

Family doctor _____ Phone _____

Does your child suffer from:

Bed wetting	NO	YES	
Homesickness	NO	YES	
Diabetes	NO	YES	
Epilepsy	NO	YES	
Asthma	NO	YES	
Allergies	NO	YES	Details _____

Other _____

Will your child have medication with him/her at camp? NO YES

Name of drug _____

Reason _____

Dosage and administering times _____

This needs to be clearly labelled and handed to the class teacher on the day of departure.

Is your child allergic to any food? NO YES _____

Has your child got any special food needs? NO YES _____

In the event of an accident or illness, I/we authorise medical assistance to be sought on my/our behalf, as may be required. **NO YES**

I will allow my child to be given Panadol if required. **NO YES**

To the best of my knowledge, my child has not been in contact with any infectious diseases over the past six weeks. _____ *(caregiver signature)*

Caregiver name: _____

Signature: _____

Date: _____