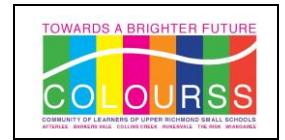


COLOURSS Year 6 CAMP - Information Note



Thursday 31st October and Friday 1st November 2019

Cost will be \$40 per student and this will include afternoon tea, cost of bowling and dinner out on the first day, then breakfast, fruit, recess and lunch on the second day. The fee will also contribute towards the cost of some planned activities. **Please pay this fee to your school. Students must bring their own recess & lunch for Thursday.**

Children will be preparing meals and doing group activities whilst on the camp. Students will be able to wear suitable **casual clothes** on both days of the camp.

Students will be sleeping in classrooms at The Risk Public School and there will be a girls' room accompanied by a teacher and a boys' room which will be accompanied by a teacher.

Parents are to organise transport for their own child. Please provide the details of whom your child will be travelling to and from The Risk Public School with.

To make the night activity fun, students will be involved in a 'Red Faces' talent show (with prizes!) Bring costumes, props, etc we can get 'G' rated music on youtube if needed!!

It is very important that students arrive at The Risk at 8.45 am for a 9.00am start on the Thursday, so they don't miss out on the welcome information and the first activity.

Packing - List of things for students to bring:

- Sleeping bag/or sheets
- Pillow and swag/blow up mattress/camp bed
- Towel, washer and soap
- Closed in shoes
- Jumper and long pants for night time activities
- Pyjamas
- Full Brimmed hat
- Any medication needed (to be given to supervising staff and marked on medical information)
- Plastic Bags
- Suitable Casual Clothes for the 2nd day
- Lunch, recess and fruit for 1st day
- DON'T BRING money, iPod, torches, mobile phones, mp3's, cameras, etc

PROGRAM OUTLINE - Thursday

9am – Welcome, outline of goals/expectations
9.15 – Team Building/Leadership activities
Recess (BYO)
10.00 – Kyogle HS staff and students-information and activities
11.30 – Tennis coaching
Lunch (BYO)
12.15-1.00 –Lunch
1.00 - Chris Hutton – Team building /rapping
2.00 – Cake decorating
3.30- Afternoon Tea and games on oval
4.30 – Bowling and dinner
6.30 – preparation for night activities
7.00 – Night activities: camp games, Red Faces competition
9.00 – Prepare for bed, lights out 9.30

PROGRAM OUTLINE – Friday

7.30 – Rise, pack up, breakfast, playtime
9.00 – song writing workshop
10.00 – Recess (provided)
10.30 – Art & Craft Activity
12.30 – Lunch (provided)
1.15 – Group reflection on primary school career
2.30 – “Best of” Red Faces presented to The Risk PS
3.00 – Conclusion and pick up

COLOURSS Year 6 Camp

PERMISSION NOTE & TRANSPORT DETAILS



I give permission for my child to attend and participate in the overnight Year 6 excursion to The Risk Public School on Thursday 31st October and Friday 1st November 2019

I include \$40 to cover camp costs.

Student's Name: _____ School: _____

Drop off: _____ Pick up: _____

Signed: _____ Date: _____

- I give permission for my child's first and surname and photograph to be used in publications including newsletters, newspapers, and school websites.
- I give permission for my child to participate in sport and team building games.
- I give permission for my child to travel to town and back in private vehicles (Teacher's) to attend bowling

I understand that if it is deemed by supervising staff that my child has not followed the camp rules that I will be rung and will need to come and collect my child immediately.

Medical Information Form

The medical information provided below is for (Child's name) by (Parents full name). It is being obtained for the purpose of the **COLOURSS Year 6 Excursion.** It will be used by the NSW Department of Education for the welfare of students. Provision of this information is required by law. It will be stored securely.

Parent/caregivers contact details:

Name:

Address:
.....
.....

Home phone: Work: Mobile:.....

Doctor contact details:

Name: Doctor's Telephone Number:.....

Address:

Medicare number:

Private Health Insurance details?

Provider name: Member Number:

Ambulance cover: yes no (please circle)

Emergency contact details (nominated by the parent or caregiver as alternate contact):

1. Name: Phone:

2. Name: Phone:

List existing medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies etc).

Outline treatment for each.

.....
.....
.....

List any medications to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

.....
.....

Parent/Carer's Signature: Date: