



Years 5 & 6 Bathurst Goldfields Camp

Dear Parents,

On Thursday 2^{1st} May 2015 the children from Years 5 & 6 will be travelling to the Bathurst Goldfields as a part of their Term Two integrated unit of work on Gold. This is an overnight trip. The children will depart on Thursday 2^{1st} May and return on Friday 22nd May. This trip will provide the students with the background and field knowledge that they need to understand the unit of work about Gold. The hands-on and visual experiences that they will gain during this field trip will be built upon throughout Term 2.

The students will be travelling by a seatbelt equipped coach and will stay at the 'Bathurst Goldfields Lodges' for one night

A detailed itinerary will be sent home shortly with a full list of activities included in the cost of the Camp.

The cost of the trip will be \$189.00.

(This amount is payable by you to the school. **It is not included as a part of your school fees**)

Please complete the permission, medical information sheet and dietary requirements section and return all to school **with payment no later than Friday 8th May 2015**. If you have any concerns or questions regarding this trip please contact your child's teacher/s.

Yours Sincerely

Miss Mary Harb
PRINCIPAL

Mrs Louise Kingsley
YEAR 6

Mrs Tracey Clogher
YEAR 5

PERMISSION SLIP FOR BATHURST GOLDFIELDS CAMP

I / we _____ give permission for my child _____ in

Year _____ to attend the Gold field trip from Thursday 21st May to Friday 22nd May 2015

I understand the children will be travelling by a seatbelt equipped Coach..

Signed: _____ Date: _____
Parent/ Guardian

I have enclosed payment of \$189.00 as full payment for this camp.

If your child has any dietary requirements please list below:

MEDICAL INFORMATION

STAGE 3 CAMP TO BATHURST GOLDFIELDS

Thursday 2^{1st} May- Friday 22nd May 2015

Please complete and return to school with Camp permission note. All information provided is kept strictly confidential.

Child's Name: _____ Year: _____

Address: _____

Home Phone Number: _____ Mobile No: _____

Date of Birth: _____ Work Phone No: _____

Medicare No: _____

Private Health Fund Name & No: _____

Is your child allergic to anything (eg foods, medicine, bee stings, nuts etc)? Yes No

Is your child on any medication? Yes No

If yes, please give details of dosage/frequency etc: _____

(Medication can only be administered by supervising Staff)

ALL MEDICATION IS TO BE HANDED TO STAFF THURSDAY MORNING IN A CONTAINER CLEARLY MARKED WITH YOUR CHILD'S NAME & DOSAGE.

Has your child been immunized against Tetnus: Yes No

Date of last Immunization: _____

Are there any details we should be aware of regarding your child? (eg sleeping problems, bed wetting)

Family Doctor's Name: _____ Phone No: _____

I give approval to the staff of Sacred Heart Westmead to obtain medical information for my child if it is required during the Bathurst Goldfields Camp 2^{1st} May to 22nd May.

Signed: _____ Date: _____

Child's Name: _____ Grade: _____