Cave Hill Creek Camp – Wednesday 27th – Friday 29th May, 2015

Westgarth Primary School Camp Agreement and Consent Form

and Emergency Details

(Please return this form by Friday 8th May, 2015)

In order for everyone attending the Grade 6 camp to experience a positive, safe, fair and friendly time, all students are asked to read the following camp expectations and understand the camp expectations.

I (student’s name) _________________________________ (grade) ______ agree to:

- Obey all camp rules
- Remain within the specified camp boundaries at all times
- Respect the space and property of other students
- Play and act in a safe, fair and friendly manner
- Maintain and acceptable standard of behaviour - e.g. be polite, co-operative and courteous
- Sleep in the designated cabin as specified by the teacher in charge of the camp and follow the lights-out rules at the specified times each evening.
- Will not bring any electronic games or mobile phones.
- Respect the privacy of all students when using digital cameras.

We (student’s name) __________________________________

and Parent’s/guardian’s names) __________________________________

understand that during the camp in the event of a serious breach of these expectations, or in the event of illness or injury, parents or the designated emergency contact will be notified and where necessary, students will need to be collected from the camp site and that any costs associated with his/her return will be the responsibility of the parents/guardians.

We understand that 24 hour contact details must be provided by Friday 8th May 2015.

Parent’s/Guardian’s Signature______________________________

Student’s Signature_____________________________________

Classroom Teacher_______________________________________
Emergency Contact Details inclusive of Wednesday 27th – Friday 29th May, 2015

Parent’s/Guardian’s Details

Address______________________________________________________________

Daytime Telephone Number____________________________________________

Business Telephone Number____________________________________________

Evening Telephone Number____________________________________________

Mobile Telephone Numbers____________________________________________

Emergency Contact 1

Name_________________________________________________________________

Telephone Numbers (B) __________________________ (M) __________________

Emergency Contact 2

Name_________________________________________________________________

Telephone Numbers (B) __________________________ (M) __________________

Parent’s/Guardian’s Consent

- I have read all of the above information provided by the school in relation to the above Grade 6 camp including any attached material.

- I acknowledge that I may be required to collect my child from school or the camp site on an earlier day and time and must be available to do so in the event of extreme or catastrophic weather conditions as declared by the CFA/teacher in charge of the excursion or in the case of accident or illness during the week of 27th to 29th May, 2015.

- Westgarth Primary School will maintain a daily update including a weather report on the school website at www.wgps.vic.edu.au

- Westgarth Primary School will be responsible for advising parents/carers/emergency contacts of any changes in travel dates and times via phone and/or the school website. It is important that contact details are correct and we are able to contact you at any time for the duration of the camp.

- In the event of the camp being cancelled for any reason during the week 27th – 29th May it is essential that you can be available to collect your child by 3.30 pm on any of the camp days. If you are unable to do so please make arrangements with another family to collect your child. If this is not possible please ensure your child is enrolled (filled in the necessary paper work) at OSHC so they can attend After Care at 3.30pm on any of the camp days but in particular on Friday 29th when our estimated arrival time is 3.00pm

I give permission for my child__________________________________________ to attend.

Parent’s/Guardian’s Name________________________________________Signature:________________