Dear Grade 5/6 Families,

Please find below the necessary permissions required for the various activities associated with Camp Howqua. Please return this form to your child’s teacher by August 4th 2016.

I give permission for my child (full name)

________________________________ in class 5/6 ___

(please tick the following boxes)

☐ To attend the Grade 5/6 Camp at Camp Howqua in Mansfield from Monday 29th August to Friday 2nd September 2016.

☐ To participate in the outdoor education adventure activities offered at camp such as Horse riding, Ropes course, Archery, Flying Fox, Water slide and the Survivor style obstacle course.

☐ To watch PG rated movies that may be shown at camp or on the bus. All movies will be supervised by a teacher.

I, __________________________________________ (Parent name)

Agree to;

☐ Organise the necessary medical treatment for my child should they have a serious injury or illness that requires medical attention from a doctor whilst on camp. I will collect my child from Camp Howqua.

☐ I authorise HWPS staff to call an ambulance if my child sustains a serious or life-threatening injury whilst on camp.

☐ Be contacted if my child is involved in a serious breach of the Hawthorn West Primary School rules whilst on Camp and I will make appropriate arrangements for the collection of my child from Camp Howqua.

Signature: __________________________________________ Date: _____________ 2016

In case of emergency and I am uncontactable, please contact:

1) __________________________ on ___________________________

Relationship to child

Or

2) __________________________ on ___________________________

Relationship to child