Dear Parent,

Your child has been offered an opportunity to attend the Year 8 HSIE - Science Camp at Yarramundi Campsite in the Blue Mountains in Term 4 Week 6 from Monday 9 November to Wednesday 11 November 2015.

This camp has been planned to assist Year 8 with understanding key elements of the Stage 4 HSIE and Science syllabus, as well as be involved in outdoor education activities. They will be involved in a variety of games and activities that will help them to understand course fundamentals as well as get to know themselves, each other and their teachers. The activities and games will be lots of fun and they will be kept busy every minute. The staff attending are enthusiastic and excited about enjoying a fun three days with our Year 8 cohort.

**NOTE:** Students will be offered the opportunity to do fundraising as a way of helping meet the costs of the camp.

**When:** Monday 9 November to Wednesday 11 November 2015

**Where:** Yarramundi YWCA Camp – Yarramundi in the Blue Mountains

**Itinerary and transport:** The camp is a long distance from school and students will be catching a bus to and from the venue.

Students will need to provide their own recess and lunch on that first day of the camp.

**Cost:** $220.00 (This includes bus fare, accommodation and meals for Monday night, Tuesday and Wednesday)

**All outstanding money must be paid to the office by FRIDAY 30 OCTOBER 2015.** Please take your receipts for all payments and permission note to the HSIE or Science Staffroom.

**What to bring:** A list of camp requirements will be given to students closer to the camp date.

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**Supervising Teacher/s:**

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<tr>
<th>Supervising Teacher/s</th>
<th>Emergency Care</th>
<th>First Aid Certificate</th>
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<tr>
<td>Mr K Weber</td>
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<td>Mr N Brankovic</td>
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<td>Mr D Creevey</td>
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<td>Ms S Bunce</td>
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<td>Ms K Thomson</td>
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**Teacher in Charge:** Mr K Weber

**Emergency Contact Number:** 4627 1800 Ambarvale High School or 1800 024 097 Yarramundi Campsite

*Please complete and sign the permission note attached and provide relevant medical information.*

Ms McKenzie
Relieving Principal

Mrs Perry
Head Teacher Science

Mr Weber
Head Teacher HSIE

17 June 2015
I give permission for my child __________________________ of roll call __________ to
attend the Year 8 Camp at Yarramundi Campsite in Week 6 from Monday 9 November to Wednesday 11
November 2015. The cost of the excursion is $220.00 and needs to be paid by Friday 30 October 2015. I
understand that the bus will leave Ambarvale High at 8.30am on Monday 9 November and return to
Ambarvale by approximately 3.00pm on Wednesday 11 November. My child must wear appropriate
casual clothing.

This note must be returned to either the HSE or Science Staffroom by
Friday 30 October 2015.

Overnight Accommodation - Advice

Accommodation will be at Yarramundi Campsite. The group will be supervised by their accompanying
teachers and Yarramundi Campsite staff. Ambarvale High School staff has Anaphylaxis and Emergency
Care Training.

I understand that I will be contacted to collect my child if she/he acts inappropriately or is unable to
follow instructions. I may be contacted on the following numbers at the time of the camp:

Home: ___________________________ Mobile: ___________________________

Should I be unavailable the following person has my permission to be contacted regarding my child:

Name: ___________________________ Phone: ___________________________

Overnight Accommodation - Response

I understand that my child __________________________ will stay for two nights at
Yarramundi Campsite.

Parent Signature: ___________________________
Date: ___________________________
Water or swimming activities - advice

The excursion will involve the following water or swimming activities:
  • Recreational swimming in a swimming pool / canoeing

Water or swimming activities - response

I give / do not give permission for my child ____________________________ to participate in the water or swimming activities

In relation to the proposed water or swimming activities, I advise that my child is a:
(please tick one)

☐ Strong swimmer    ☐ Average swimmer    ☐ Poor Swimmer    ☐ Non Swimmer

Parent Signature: __________________________________ Date: ______________________

MEDICAL INFORMATION:

Medical conditions ________________________________________________

Allergies __________________________________________________________

Diet requirements _________________________________________________

Medication _________________________________________________________

Other _____________________________________________________________

Medicare Number (optional) _________________________________________

Parent/Emergency Contacts:

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Number</th>
<th>Relationship to Student</th>
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Parent Signature: __________________________________ Date: ______________________

Office Use Only: 044-211 / $220