Huntingtower School Camp

Dear Parents/Guardians

Excursion to: Arapiles
Activity: Rock climbing
Date: 23 – 27 February, 2015
Accommodation: Tents – camping at sites within the park
Departure Time: Arrive at 7.00am for 7.30am departure
Return Time: 4.00pm
Clothing: Please use clothing/equipment list in the student information book
Meal Arrangements: A packed lunch for day 1 is required. All other meals will be provided
Cost: Camp cost are covered in the student fees
Special Requirements: It is highly recommended that all students have ambulance cover due to the activity and location.

Emergency contacts: Huntingtower School: 9807 8888
Mr Noel Davies: 0423 600 504

While outside students should wear sunscreen and protective clothing to ensure adequate sun protection.

All forms should be returned by Thursday 29 January
Students cannot board the bus without completed medical and consent forms.

Yours Sincerely

Nicholas Green
Camps Co-ordinator
PERMISSION FORM
Please return this form to the School by the 29 January 2015

Year 10 Camp - Arapiles
23 - 27 February 2015

I give permission for my son/daughter ________________________________
to attend the ______________________________ camp/excursion, as set on the attached sheet.

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from
school; I authorise the Principal or teacher in charge of my child, where the Principal or teacher in charge
is unable to contact me, or if it is otherwise impracticable to contact me to:

• Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

• Consent to my child receiving such medical or surgical attention as may be deemed necessary by a
medical practitioner.

• Consent to and understand that I will be responsible for any costs incurred if an ambulance needs to
be called.

• Due to organisational requirements, I understand that if this form and payment (if required) are not
returned by the due date my child will not be able to attend the above activity. Parents/Guardians
are welcome to contact the class teacher and make other arrangements if unable to have the
forms/money returned by the due date.

Parent/guardian: _________________________________ (full name)
_____________________________________________ (signature) __________(date)

In case of emergency I can be contacted on:
___________________________________________ OR:

___________________________________________