

# Year 3/4 School Camp November 21<sup>st</sup> - 22<sup>nd</sup> 2016

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## - Student Permission

I \_\_\_\_\_ give permission for \_\_\_\_\_ to attend the Year 3 & 4 trip to Camp Raglan from the 21<sup>st</sup> - 22<sup>nd</sup> November 2016.

Parent/legal guardian signature:

\_\_\_\_\_

## - Emergency Contact Details

Emergency Contact #1: \_\_\_\_\_  
(W) Phone: (\_\_\_\_) \_\_\_\_\_ (H) Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_  
(W) Phone: (\_\_\_\_) \_\_\_\_\_ (H) Phone: (\_\_\_\_) \_\_\_\_\_

## - Medical Information

Does your child have any medical conditions, food allergies or dietary needs that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## - Parent Help

I would like to (please tick):

Be a camp support person

Unavailable

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## - Camp Fees (\$40)

Camp fees to be paid by November 1st to your class teacher in a named envelope.

If you pay at the office can you please collect a receipt and let your child's teacher note the receipt number for tracking purposes