1 September 2015

Dear Parents,

Year Five is an opportunity to offer the students a variety of exciting and different experiences.

The students in Year Five will be continuing to study Personal Development and Health topics throughout Stage Three including the Personal Development and Growth Unit in Term 4. Both of these programs focus on self-esteem, friends, communication, positive relationships and leadership.

In 2015 the leadership camp at Teen Ranch Cobbitty is a 2 day, one night camp.

The Teen Ranch Camp is from **Thursday 29 October – Friday 30 October 2015**.

Teen Ranch is managed by a resident director, assisted by trained leaders. All activities such as Giant Swing, Challenge Course, Canoeing, Campfires, Bushwalking, and a variety of team and individual activities are fully supervised with instruction provided. Teen Ranch staff will also supervise Christian Discovery which involves camp songs and informal talks. St Mary MacKillop teachers will also supervise all free time optional activities. Teen Ranch has a snack bar open to all students for a brief period each day.

The address for your records is Teen Ranch, Cobbitty Road, Cobbitty. Phone: 4651 2268

A nurse is in residence in case of illness or accident and all campers are advised to have a tetanus injection prior to camp. Accommodation is in bunk houses.

**ESSENTIALS**

Sleeping bag or sheets and blankets (students need to be able to pack these away themselves)  
Clearly marked pillow  
Old clothes for canoeing (swimwear underneath)  
Jeans  
Enclosed shoes (2 pairs are advisable)  
Sunblock and hat  
Thongs for showering  
Wet weather items (jacket not umbrella)  
Towels (canoeing and shower)  
Toiletries  
Torch  
Pocket money ($5 maximum)  
Insect repellent
THE CHILDREN ARE NOT TO BRING:

- any food or drink
- electronic games
- valuables
- mobile phones
- i-pods/mp3’s

As it is only a short distance no food or drink are to be consumed while traveling on the bus. However, barley sugar will be available. Any food brought to camp will be confiscated and returned to the owner on return to school.

If medication is to be administered to your child during the 2 days, complete the ‘Administration of Medication to Students Register’. The medication can be given to the class teacher on Thursday morning, place the medication in its original packaging in a plastic bag, clearly marked with child’s name along with the ‘Administration of Medication to Student Register form. It will be the student’s responsibility to receive medication at breakfast and dinner time from the teacher in charge of medication (students will be informed of who this is on the day of camp).

Excursion Policy:

“While ideally all students in a class should have access to the benefits of an excursion, the principal may deem it necessary to exclude a student if the student’s past behaviour provides reasonable grounds to believe that the presence of that student on that excursion would be likely to present a risk to the safety of other students, staff and/or member of the public or significant harm to the good name of the school.” – CEO Parramatta

Details for travel are as follows:
Thursday 29 October  8:15am arrive at school
                  8:30am depart for Teen Ranch
Friday 30 October  2:30pm arrive back at school

To facilitate confirmation of exact attendance please complete and return the permission slip and medical slip by Thursday 17 September 2015.

Yours sincerely,

Mrs Margaret Meehan
Mrs Leesa Gillard
Year Five Teachers
Permission Note:
I hereby consent for my child ________________________ in Class_________ to participate in the Camp to Teen Ranch, Cobbitty on 29 – 30 October 2015 involving bus travel.

Consent for Medical Attention:
I, __________________________________________________________ the undersigned being the Parent/Guardian of __________________________________________________________ give permission for my child to access whatever medical attention, including ambulance travel, necessary in case of sudden illness/accident. This medical consent is given to St Mary MacKillop teachers for the duration of the Teen Ranch Camp 29 – 30 October 2015. I understand I will be contacted as soon as possible should this permission be used.

Health/Medication Information:
Name: ______________________________________
Address: __________________________________
Emergency Phone No.: ____________________________________________________
Medicare Card No.: ______________________________________

Please put down any information that would be of assistance to the teachers who are taking the children on the Year Five Camp.

1. Allergies: __________________________________________________________
2. Dietary Requirements:
   __________________________________________________________
3. Illness:
   Any special illness your child may have which teachers should be aware of.
   __________________________________________________________
4. Medication
   Does your child take any course of pills or medication that teachers would need to check every day? (Including travel sickness tablets).
   __________________________________________________________
5. Any further information that you think teachers should know. (e.g. in case of minor headaches/cuts etc. what medication, if any, is there that your child SHOULD NOT have.)
   __________________________________________________________

Signed: ______________________________________
   Parent/Guardian
YEAR 5 - TEEN RANCH 2015
AQUATIC PERMISSION

The Teen Ranch camp activities will involve structured aquatic activities such as Canoeing.

In relation to the proposed canoeing activities:

☐ My child ________________________ is PERMITTED to go in the water.

   He/She is:

☐ A NON SWIMMER: My child is unable to swim.

☐ A WEAK SWIMMER: My child is comfortable and confident in shallow water but cannot swim very well.

☐ AN AVERAGE SWIMMER: My child is a reasonable swimmer but is not very strong or confident in deep water.

☐ A STRONG SWIMMER: My child is a strong swimmer and is very confident in deep water.

(Please tick)

________________________________________________________

Signed: Parent/Guardian.

☐ My child ________________________ is NOT PERMITTED to go in the water.

(Please tick)

________________________________________________________

Signed: Parent/Guardian

PLEASE COMPLETE THE FORM ABOVE TICKING THE APPROPRIATE BOXES FOR YOUR CHILD AND RETURN IT TO YOUR CLASS TEACHER BY THURSDAY 17 SEPTEMBER 2015.