



**Pukerua Bay School**  
**Our Vision**  
***"Confident, Inspired, Achievers"***



10 August 2015

Palm Grove Camp Notice – Year 7-8

Dear Parents and Caregivers

This year is flying by and in no time we will be heading off to camp. This year we are going to Palm Grove Christian Camp (near Paraparaumu). We will be staying for 4 nights.

**Departure: 9<sup>th</sup> November 9:45am (to catch the 10:20 train from Pukerua Bay)**  
**Return: 14<sup>th</sup> November 3:40pm (from the train arriving at Pukerua Bay at 3:24)**

This camp provides a great range of challenges for our learners including activities such as low ropes and archery. There will also be day trips including a trip to Kapiti Island where the students will build upon their skills and knowledge around Education for sustainability.

**Cost is \$250.00 per child.** This covers train fares, day trips and transport, food and accomodation. We realise that this is a significant amount of money and we need a keen group of parents to help with fundraising activities (such as the Pukerua Bay school disco). Please fill in the return slip if you are able to help with this.

Payment is due prior to camp. This can be paid in instalments, please arrange this with Mrs Burgess in the school office. If you wish to use automatic payments or internet banking, please use your name for the reference and "camp" for the code. The account number is 03 1533 0019737 0050. Payments may also be made as a lump sum, or a cheque made out to the school, or in cash.

To assist with the supervision on the camp we will need parent helpers. We have spaces for 6 parent helpers. If you wish to apply for one of these spaces please complete the form. A decision will be made by Friday the 21<sup>st</sup> of August and who will be attending will be notified. A parent meeting will be held on Wednesday the 26<sup>th</sup> of August at 7pm in Te Motu.

Please find attached the permission slip and health forms. Please complete these and return to school by Monday the 17<sup>th</sup> of August.

Kind Regards  
Matt Johnston and Luke Dentice

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I am willing to be a part of the fundraising committee for the Palm Grove year 7-8 camp.

Name: \_\_\_\_\_ Child's name \_\_\_\_\_

Contact phone number: \_\_\_\_\_





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Parent Help Expression of Interest - Palm Grove Camp Notice – Year 7-8

I am interested in being a parent helper at the Year 7-8 Camp at Palm Grove. I am aware that I will be required to assist in supervising activities and that I will be working with groups of children.

Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**If successful, I am aware that I will have to undergo a police check.**

Skills I have to assist this application (e.g. first aide, outdoor education experience, tramping experience, experience in motivating and inspiring children).

**Please return this form by Monday 17<sup>th</sup> August 2015**

A decision will be made by Friday the 21<sup>st</sup> of August and who will be attending will be notified. A parent meeting will be held on Wednesday the 26<sup>th</sup> of August at 7pm in Te Motu.

Thank you for your expression of interest and for helping to make our camp a success.

Matt Johnston and Luke Dentice





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Permission slip and Health Profile

**Please complete all of these details and return by Monday 17<sup>th</sup> August:**

Child's Name			
Address			
Telephone		Cell phone	

Doctor's Name		Phone Number	
Address			
Community Services Card Number			
Medic Alert Number			

<b>Emergency Contact Details. Please provide 2 sets of contact details</b>			
Name			
Relationship			
Address			
Day Phone		Cell Phone	

Name			
Relationship			
Address			
Day Phone		Cell Phone	

1. Please tick if your child has any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy Spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	(Please specify)			
Other	<input type="checkbox"/>				

For overnight events

Sleepwalking	<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>
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2. Is your child taking any medication?

If yes please state:

Reason for medication:

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Name of medication:

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Dosage and time to be taken:

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3. Has your child had any major injuries or illness in the last six months that may limit full participation in any activities?

If yes, please state the injury or illness:

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4. Is your child allergic to any of the following?

	Yes	No	Please Specify
Prescription medication			
Food			
Insect bites/stings			
Other allergies			

Please provide any additional information (e.g. treatment required)

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5. When was your child's last tetanus injection?

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6.	Please Tick
In the event of an accident or illness I authorise obtaining on my behalf any medical assistance that may be required.	
I agree that my child should take part in activities and necessary duties that the staff may require.	
If medication is needed on camp I will ensure that it is clearly labeled, and left with the organising teacher. (Please do not allow children to be in possession of any medicine while on the trip).	
I will provide the classroom teacher with any additional medical information that is necessary while my child is on camp.	
I give permission for Paracetamol to be administered to my child in the event of pain or fever as necessary.	
I am happy that in the event of an emergency that this information may be viewed by a Doctor or any parent helpers on camp, who may be administering first aid to my child.	

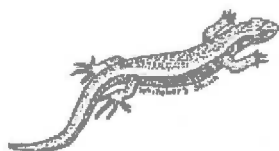
I understand that if my child is involved in an accident or disciplinary matter, which causes concern, the principal and I will be notified as soon as possible, and they will be returned home at an agreed date and time. If my child is involved in a serious disciplinary manner they will be sent home at my expense and they will return to school for further action.	
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact phone number(s) \_\_\_\_\_





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**Palm Grove Camp Gear List**

<b>Camp List 2015</b>			
	<b>Gear Check</b>	<b>Leave Home</b>	<b>Leave Camp</b>
<b>CLOTHING-NB: Jeans are not suitable for day activities</b>			
2 warm woollen or polypropylene jerseys			
Shorts			
2 pairs of long pants or track suit			
1 parka or raincoat-must be wind and waterproof with hood			
Socks-at least 4 or 5 pairs			
Warm pyjamas			
Warm underwear (4 or 5 days)			
3 shirts or tops			
Woollen hat and sun hat/cap			
Togs and towel			
<b>BEDDING</b>			
Sleeping bag-in a suitable bag			
1 pillow and pillow case			
<b>FOOTWEAR</b>			
1 pair suitable for outdoor activities			
1 pair suitable for inside			
<b>TOILETRIES</b>			
2 towels			
Toothpaste			
Toothbrush			
Soap			
Flannel			
Deodorant (not spray)			
<b>OTHER</b>			
Day pack			
Large plastic bags (for wet clothing)			
Named drink bottle			
Insect repellent/sunblock			
book to read, games			
Writing materials-Felt pens, etc			
Torch			

**No Devices to be brought to school camp**

