YEAR 4 CAMP - OASIS CAMP

PERMISSION NOTE

I give permission for my child .................................................................
in Class......... to attend the school camp to Oasis Camp, Mt Evelyn from
Tuesday 11th March – Friday 14th March 2014 and for him/her to participate in all
of the activities organised during the stay at this camp.

I have discussed with my child the need for him/her to observe all the rules and
directions that may be stipulated by the camp authorities and supervising adults
attending the camp.

I understand that in the event of an accident, illness or unacceptable behaviour I
may be required to collect or arrange transport for my child from the camp.

I authorise the teacher in charge of the event, where it is impracticable to
communicate with me, to arrange for my child to receive such medical or surgical
treatment as may be deemed necessary.

Parents of asthmatic children are required to ensure that their children have with
them all necessary medication.

Signed: ____________________________ Date: / /2014

(Parent/Guardian)