St Bernadette's Catholic Primary School
2 Willey St
Sunshine North Vic 3020
Ph: 039311 8872
E: principal@stbsunshinenth.catholic.edu.au
ABN: 54 744 343 007

YEAR TWO CAMP PROGRAM

AFTERNOON TEA & DINNER AT SCHOOL

21st October 2019

Dear Parents and Carers,

We are writing to inform you about an exciting experience the Year Two students will be participating in this term.

On Thursday 7th of November, the Year Two students will engage in our school camp program through an afternoon tea and dinner. The students will be at school from 8:45am until 6pm. They will need to wear their sports uniform and bring their brain food, lunch and snack. Parents can collect their child from the gate on Westmoreland Road at 6pm.

CAMP

3:45 - 5:00 pm	Kaboom Sports and BBQ afternoon tea
5:00 - 6:00 pm	Berry Street Activities
6:00 pm	Year 2 Home Time

Students with allergies and asthma MUST have appropriate & up to date medical action plans submitted to the school, prior to this incursion.

Yours sincerely,

Mrs Joanne Webster
Principal

Mr Daniel Powell
Yr 2 Teacher

Ms Holly Phillips
Yr 2 Teacher

St Bernadette's Catholic Primary School
2 Willey St
Sunshine North Vic 3020
Ph: 039311 8872
E: principal@stbsunshinenth.catholic.edu.au
ABN: 54 744 343 007

RETURN THIS SECTION TO THE CLASS TEACHER: By Friday 1st November 2019

I give approval for my child _____ in Year 2__ to take part in the **YEAR 1 / 2 CAMP AFTERNOON TEA.** I agree to pick up my child at **6pm** on **Thursday 7th November 2019.**

Please note the following medical information related to my child who is taking part in the excursion:

PARENTS/GUARDIAN'S NAME:_____

PARENTS/GUARDIAN'S SIGNATURE:_____DATE:_____

CONTACT TELEPHONE NUMBER ON THE DAY:_____

MEDICAL CONSENT FORM:

Where I am unable to be contacted or it is otherwise impractical for me to be contacted, I authorise the teacher in charge of the excursion to:

- Consent to my child receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- Administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonable necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for all expenses incurred in relation to such treatment and any emergency transportation required.

Name:..... Date:.....

Signature:.....

EMERGENCY CONTACT:

1..... PHONE NUMBER:.....

2..... PHONE NUMBER:.....

Please ensure ALL details are correct as without your permission your child cannot attend school camp.

St Bernadette's Catholic Primary School
2 Willey St
Sunshine North Vic 3020
Ph: 039311 8872
E: principal@stbsunshinenth.catholic.edu.au
ABN: 54 744 343 007

21st October 2019

Dear Parents / Guardians,

The Year 2 Dinner is on Thursday 8th of November and we are finalising the menu for the B.B.Q.

Would you please indicate below what allergies or dietary requirements your child has and return it to school by Wednesday 30th of October.

Name: ---------- Year: 2H / 2P

My child has the following allergies:

_____

_____

My child would like to order …

- ○ Beef sausage in bread Quantity _____
- ○ Chicken sausage in bread Quantity _____
- ○ Vegetarian sausage in bread Quantity _____

Regards,

Mr Daniel Powell
Yr 2 Teacher

Miss Holly Phillips
Yr 2 Teacher

Mrs Joanne Webster
Principal