WILSONS PROMONTORY NATIONAL PARK
2015
PERMISSION FORM

I give permission for my child ___________________________ grade ______
to travel by bus to Wilsons Prom from Monday 2nd March to Friday 6th March, 2015 to
participate in the grade 6 camp.

I authorise the teacher/parent in charge to consent where it is impossible to contact me, to
the child receiving medical or surgical treatment as may be deemed necessary.

Signed _____________________________ (Parent/Guardian)

Emergency Contact Numbers during camp (please complete)
Parent/Guardian –
(Mother) Name __________________________
home __________________ work ____________ mobile ____________

(Father) Name __________________________
home __________________ work ____________ mobile ____________

Emergency contact no._______________ name____________________

Medicare No. __________________________

Ambulance Subscriber YES / NO
(Parents/guardians indicating that they have no Ambulance Cover will cover the full
cost if an ambulance is required in the treatment of their child if required during the
period of the camp.)
OATLANDS PRIMARY SCHOOL CAMP 2015
WILSONS PROMONTORY NATIONAL PARK

PERSONAL INFORMATION

The information on this sheet is confidential. Please include any relevant information on this sheet that will help us make this camp an enjoyable experience for your child.

(Please return to John Armao by Wednesday February 18th)

Child’s Name

_____________________________________________________

MEDICATION
Details needed about type of medication, when to take it, etc. Please hand to Marguerite Jones on the morning of the camp. Ensure the medication is clearly labeled with the child’s name. Please note: we need written permission to give a child a panadol and you must supply the panadol.

DIETARY INFORMATION
Information in regards to any particular eating habits that will assist with catering ie. Vegetarian, lactose intolerant, allergies, food colorings, etc

PERSONAL INFORMATION
This could include information about the family, a recent split, a death, bedwetting, etc. Please include any information that will help us care for your child in the best possible way.