30 January, 2020

Dear Parents

Welcome to De La Salle College.



We are at the beginning of your son's seven year journey through our College. We look forward to working with you to create great men of faith, service, community and excellence.

Our first big occasion this term is our Year 7/8 Team Building Camp which is on the 27th (Thursday) and 28th (Friday) of February. Your young men will stay overnight on Thursday at the College inside the MPC. We will be learning our College Haka. This means they have to bring everything they need for Camp on Thursday morning. On Friday we will be swimming at Jellicoe Pools and the day will finish as normal at 3.10pm.

A list of the gear that is needed is attached. Please name all items.

Please fill out the health form as we will use it for all our trips this year. This saves you having to refill out these forms.

The cost for the Camp is \$35 payable to the Office.

We have tried to keep the cost as low as we possibly can and will not be asking for any more money for trips this term. This pays for all the boys buses, pools and food from Thursday after school until Friday home-time. It will also pay for your son's trip to WERO on 17th (Monday) of February.

Many Thanks in Advance.

Dei Gratia

Vicky Tufuga Year 7/8 Dean Myles Hogarty Principal

HEALTH CONSENT FORM

Before taking a student on a trip outside the school we request the following information:

tudent	Name: Home	Homeroom:	
 Ia Ig Ig 	gree that the student in my care will abide by the school rules while on this tri gree that the student in my care will follow instructions given to them by the s ive staff the authority to arrange and administer if necessary, any medical trea my care. ive staff in charge the authority to arrange any travel home, for the student in pense should it be required for reasons of ill health or discipline	staff in charge. Atment for the stude	
IEALTH	FORM Circle o	orrect answer	
	Does the student need to take any medication?	YES / NO	
	If yes, please specify:		
t is assu Idminist	med that the student will be carrying all appropriate medication and is compe tration	tent in it's	
	Tick the box if the student in your care needs assistance with their m	edication.	
	List medication, administration times, amounts and other details on the rever	se of this form.	
	Does the student suffer from an allergy or disability?	YES / NO	
	If yes, please specify:		
	Would the student be limited, in any way, in taking part in physical activities	YES / NO	
	If yes, please specify:		
	Is the student able to swim 25 meters on his own?	YES / NO	
	Has the student had an anti-tetanus injection in the last 5 years?	YES / NO	
	Is the student allergic to penicillin?	YES / NO	
	Has the student been in contact with an infectious disease in the last month? If yes, please specify:	YES / NO	

I give permission for my son _____

to attend the 2020 Year 7/8 Team Building Camp and to go to WERO on the dates specified above.

Please sign and return this form to the teacher in charge.

The above information is true and accurate and I agree to the conditions of the trip.

Signed: ______

Date: _____

PERMISSION SLIP

I give permission for my son to attend the Year 7/8 Team Building Camp and to go to WERO on the dates specified above.

My son's name is ______ and he is in room 7AND 7KUR 7STW 7TUF (Please circle)

I have attached my son's Health Form and understand that this form will be used for all trips throughout this year.

Parents Signature	
Parents Signature	

List of Gear to bring to Camp

1x Sleeping Bag and Pillow or blanket and pillow

1x towel and togs for swimming

2x shorts

2x T-shirts

2x underwear

1x sweatshirt

1x plastic bag for wet clothes

1x bath bag with tooth brush, tooth paste, soap

1x cap/hat

1x packet of biscuits

NOTE: Please do not buy any new clothing for this camp. Just pack what the boys wear every day. Also please name all items.