30 January, 2020



Dear Parents

Welcome back to De La Salle College

We are now into the second year 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 running a programme of team building activities with the young men. 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 $30 payable to the Office.

Many Thanks in Advance.

Dei Gratia

Vicky Tufuga Myles Hogarty

Year 7/8 Dean Principal

HEALTH CONSENT FORM

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

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| * I agree that the student in my care will abide by the school rules while on this trip.
* I agree that the student in my care will follow instructions given to them by the staff in charge.
* I give staff the authority to arrange and administer if necessary, any medical treatment for the student

 in my care.* I give staff in charge the authority to arrange any travel home, for the student in my care, at my expense should it be required for reasons of ill health or discipline
 |

**HEALTH FORM Circle correct answer**

1. Does the student need to take any medication? YES / NO

 If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*It is assumed that the student will be carrying all appropriate medication and is competent in it’s administration*

 🞎 ***Tick*** *the box if the student in your care needs assistance with their medication.*

 *List medication, administration times, amounts and other details on the reverse of this form.*

2. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is the student able to swim 25 meters on his own? YES / NO

4. Has the student had an anti-tetanus injection in the last 5 years? YES / NO

5. Is the student allergic to penicillin? YES / NO

6. Has the student been in contact with an infectious disease in the last month? YES / NO

 If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my son ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

My son’s name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and he is in room 8DHL 8BOE 8OLI 8ABR (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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **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.**