



Dear Parents and Carers,

School camps provide opportunities to build community and experiential learning activities. They develop students' resilience and skills in leadership, problem solving, teamwork and positive life choices. As part of Dawson Park Primary Schools continued effort to grow and develop our Year 6's into mature young adults we have organised an opportunity for them to attend a one-day camp.

When and Where: Tuesday 19 March 2024 8:15am to 4:45pm, at Swan Valley Adventure Centre (58 Yule Avenue, Middle Swan WA, 6056). To enable all students to fully enjoy this day we need to operate outside of normal school hours. On Tuesday we will be leaving the school at 8:15am and we will not return until approximately 4:45pm. Students can then be collected by parents from the front of the school.

On this camp, the students will each be participating in four activities. These activities are a commando course, Jacob's Ladder, flying fox and team building. It is important that students pack and bring with them a water bottle, a hat and a bag no larger than a backpack. Students are not required to wear their school uniform; however, they must ensure that any logos or slogans on clothing items are appropriate. A healthy lifestyle lunch will be provided so if your child has any dietary requirements, please complete this on the following page. Please make sure you pack healthy snacks for recess and afternoon tea.

This camp will be supervised by Mr Cummings, Mr Yap, Miss Thomson and Miss Taylor.

COST: \$110 No change is available please tender correct amount. Please drop off in the office in the locked box. EFT payments are accepted, please complete the slip attached or come into the office to pay. Payment is due **Tuesday 12 March, 2024**. No late payments will be accepted. If you are unable to meet these requirements please contact Mrs Bennion in the office before the due date.

FULL PAYMENT AND CONSENT FORMS ARE DUE BACK TO THE SCHOOL BY TUESDAY, MARCH 12, 2024. NO LATE MONIES OR FORMS WILL BE ACCEPTED.

If you have any questions or queries regarding the upcoming one-day camp, please do not hesitate to contact me via email at dawsonpark.ps@education.wa.edu.au or on 9483 2000.

Yours Sincerely,

Enoch Yap
Year Six Teacher

13 February 2024



Parent/Caregiver/Guardian Consent Form

Surname: _____ **First name:** _____

Class: _____ **Year:** Year 6

Location: Swan Valley Adventure Centre (58 Yule Avenue, Middle Swan WA, 6056)

Start: 8:15am, Tuesday 19 March 2024 **End:** 4:45pm, Tuesday 19 March 2024

Departure from: Dawson Park Primary School **Arrival at:** Dawson Park Primary School

Student health considerations

If your child's medical condition has changed or your child has special needs, please provide full details and include any relevant medical details below.

Details:

Special considerations

If the proposed camp poses additional health risks in addition to those identified in the Student Health Care Summary, please outline additional health risks below. For example, if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature.

Details:

Dietary Requirements

Details:

Learning Has No Limits



DAWSON PARK

Parent/Carer/Guardian Consent

I give permission for my child to receive medical treatment in case of emergency.
I am aware that the school and its employees are not responsible for personal injuries or property damage that may occur on a camp unless the school or its employees are proven to be negligent.

Emergency Contact Details

Emergency Contact 1

Surname _____
First Name _____
Contact No. _____
Relationship to student _____

Emergency Contact 2

Surname _____
First Name _____
Contact No. _____
Relationship to Student _____

Please return this permission slip with payment to the front office by **Tuesday 12 March 2024**.

I, _____, give permission for my child, _____
from room _____ to attend the Year 6 one day camp on Tuesday 19 March 2024 at Swan Valley Adventure
Centre.

Parent/carer signature: _____ Date: _____

Credit Card Payment – SORRY NO AMEX

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Card type _____ Expiry Date _____ Amount _____

Name on Card _____ CCV _____

Signature of Cardholder: _____ Date: _____



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 120 Bougainvillea Ave, Forrestfield

 (08) 9483 2000

 dawsonpark.ps@education.wa.edu.au