

LEVEL 3 SLEEPOVER NOTICE
Thursday 21st September, 2017

Level:	Level 3
Date:	Thursday 21 st September, 2017
Start Time:	5:30pm
Staff members responsible for Sleepover:	Gemma Hayes, Donna Tesone
Cost:	\$15.00 (payment on Qkr! preferred)
Payment/forms due: To support catering and supervision arrangements forms and payments <u>WILL NOT</u> be accepted after the due date	Friday 8th September 2017

Dear Parents/Guardians,

As part of our school camping programme, Level 3 will take part in a school sleepover.

Please encourage your child to participate, **especially** if they have not enjoyed many nights away from home!

Teachers will be supervising the students at all times. If you have *any* concerns, please see your child's class teacher.

Students will go home at 3:30pm on Thursday for a snack, shower/bath/change of clothes and to collect their gear.

They are then required to return to school **at 5:30pm** in casual clothes.

Parents/Guardians are required to make contact with their child's classroom teacher to sign in their child and write down their '**contactable**' phone number. Registration will take place in the Green Learning Zone Hall where children can drop off their camping gear. If your child requires any medication or special food, please give them to Gemma Hayes at this time.

There will be **NO SUPERVISION PRIOR to 5:30pm** so please do **NOT drop your child off early**.

Please do not send sick children to the sleepover. You do not want a phone call in the middle of the night to pick up an unwell or distressed child.

If your child requires any medication please ensure that you complete the medical form attached and enclose the medication in a named zip lock bag with explicit

- Dosage
- Administration times
- Storage instructions

Please give to Gemma Hayes when signing in.

What to bring - Please ensure your child's belongings are clearly named.

Small camping mattress	Pyjamas
Pillow	Teddy Bear
Sleeping bag	Clean underwear
Toothbrush & toothpaste	Clothes to wear on Friday (last day of term Tabloid Sports – Footy Colours)
Face washer in snap lock bag	Drink Bottle for water
Hairbrush	Plastic Bowl/Plate/Spoon/Knife/Fork in a plastic bag with name on it
Torch	Bag to hold all items

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SCHEDULE

Thursday Evening	
5:30pm	Arrival & Registration
5:30-5:45pm	Free Time
5:45-6:30pm	Night Walk
6:30-7:00pm	Dinner
7:00-7:30pm	Change into PJ's & organise beds
7:30-9:30pm	Movie
9:30-10:00pm	Toilet/Brush Teeth
10:00pm	Bedtime
Friday	
7:30am	Breakfast
9:15am	Tabloid Sports
2:30pm	Home Time - End of Term 3 early dismissal

MENU – may be subject to change

THURSDAY DINNER MENU	FRIDAY BREAKFAST MENU	FRIDAY SNACK
<ul style="list-style-type: none"> • Pizza and Chips • An Ice-cream • Fruit will be on offer throughout the sleep over. • Own water bottle • Supper (biscuits and Milo) 	<ul style="list-style-type: none"> • Cereal/milk • Toast with variety of spreads • Fruit • Own water bottle 	<ul style="list-style-type: none"> • Piece of fruit • 2 biscuits • Slice of cake <p><i>Please note Fun Food day will be on the last day of term. Students have this as an option for lunch or if you prefer you may deliver your child's lunch to them Friday morning.</i></p>

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PERMISSION FORM

I give permission for my child to attend the Level 3 Sleepover.

STUDENT'S NAME: _____ LEVEL: _____

I have paid on Qkr! My receipt number is: _____

In the event of illness or injury to my child, I authorise the teacher in charge of the sleepover, where it is impracticable to communicate with me, to consent to emergency medical arrangements / treatments on my behalf, as are deemed necessary by a qualified medical practitioner. Medical information concerning my child the teacher should know:

Signed: _____ Date: ____/____/____
Parent / Guardian

Name of Parent/Guardian: _____

My phone number for the night in case I need to be contacted: _____

Parent helpers are invited to submit an expression of interest if they would like to assist with the setup, serving/picking up of meals &/or stay overnight. Please tick the check box if you would like to assist. As with all camps we require parent participation to make such programs possible.

A confirmation notice will be issued.

We require a minimum of 1 adult for every 10 children. This ratio is required by the Department of Education.

- I am able to stay overnight and help with supervision. (Note- we will only need a small number of volunteers)
- I can help set up/serve/clean-up dinner from 5:30pm onwards.
- I can help set up/serve/clean-up breakfast from 7:00am onwards.
- I am unable to assist with the Level 3 sleepover.

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CONFIDENTIAL MEDICAL REPORT

CHILD'S NAME: _____ LEVEL: _____

DATE OF BIRTH: _____

PARENTS/GUARDIAN'S FULL NAME: _____

ADDRESS: _____

EMERGENCY TELEPHONE:

A/H _____

B/H _____

MOBILE: _____

NAME & ADDRESS OF FAMILY DOCTOR: _____

MEDICAL/HOSPITAL INSURANCE FUND: _____

CONTRIBUTION NO: _____

AMBULANCE: YES NO

IS THIS THE FIRST TIME YOUR CHILD HAS BEEN AWAY FROM HOME? YES NO

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

Bed Wetting Fits of any type Heart Condition

Dizzy Spells Sleepwalking Asthma

Blackouts Migraine Travel Sickness

Other (Please List): _____

ALLERGIES TO:

Penicillin Other Drugs (please list): _____

Last tetanus immunisation was: _____

Dietary Requirements

VEGETARIAN: YES NO

Please record any special dietary requirements/allergic reactions:

Please give special milk or food (labelled with child's name and Level) to Gemma Hayes when you arrive.

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ADMINISTRATION OF MEDICATION

Child's Name:

Medication to be administered:

Please complete the table below detailing **when** medication is to be administered, the **quantity** to be administered and whether or not it must be taken with food.

Please ensure you **provide measuring spoons/cups** if required.

Food (Before/After/NA)		Morning <input checked="" type="checkbox"/>	Quantity	Noon <input checked="" type="checkbox"/>	Quantity	Night <input checked="" type="checkbox"/>	Quantity	Other (Please Specify)
Thurs								
Fri								

Any other information required with regards to use of medication e.g. symptoms, reactions, typical experiences, warning signs etc.

Please ensure that your child's medication is **sealed in a plastic snap lock bag** with their **name and Level clearly marked** on the bag and medication.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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PERMISSION TO VIEW PG RATED MOVIES

As part of the Level 3 Sleepover you child may be given the opportunity to watch a PG movie. These movies will be viewed under the guidance of a classroom teacher.

Please sign the permission and return to classroom teacher.

PERMISSION TO VIEW PG RATED MOVIES

I give permission for my child _____ to view PG rated films at the Level 3 Sleepover.

Date: _____

Signed: _____