



Te Kura Maori o Nga Tapuwae

CHOSEN VALLEY SPORTS CAMP

Tuesday 22nd March 2022

Tēnā koutou e ngā Mātua,

Your child has expressed interest in attending our Chosen Valley Sports camp and we will be providing an opportunity for all junior boys to participate in a variety of activities and build self confidence and self-esteem. We will be leaving school on Monday the 4th April at 8.30am and arrive back to school on Wednesday 6th April no later than 2.30pm so normal collecting of your child is expected.

We will depart school no later than 9am so please ensure your child arrives to school no later than 8.30am to help organise equipment needed for the camp. Please ensure your child brings lunch for Monday.

This trip has been heavily subsidized by the Kura and will cost \$30 per student. This covers food, accommodation, daily activities and travel. Students are expected to pack the correct gear needed for the camp. This includes the following:

- Sleeping bag, pillow and a fitted sheet
- Towels for 2 days
- Toiletries
- Warm changes of clothes, underwear, socks.
- Training clothes
- Moulded boots and training shoes

Please endeavour to have this permission slip returned to the Kura upon arrival on Friday 1st April 2022. If you require further information, please contact me via email
OChapman@ngatapuwaes.school.nz

Nōho ora mai,

Olivia Chapman

Upoko o Te Ohu Hakinakina

CHOSEN VALLEY SPORTS CAMP

I do give permission for _____ to Attend and participate in the Chosen Valley sports camp. I will ensure my child is well equipped with the correct gear and ensure the permission no later than Friday 1st April and will endeavour to make payment of \$30.00 for the trip.

- I have attached the Health and safety form

I case of emergencies, You can contact me on _____

Signed: _____

(Parent/Guardian/Caregiver)

Date: _____



HEALTH AND CONSENT FORM

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

HEALTH FORM

Circle correct answer

1. Does your child have to take any medication? YES NO
If yes, please specify: _____

If your child needs assistance in administering his/her medication please note the instructions below:

2. Does your child 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. Has the student had an anti-tetanus injection in the last five years? YES NO
4. Is the student allergic to penicillin? YES NO
5. Is the student a competent swimmer? S/he can swim 25 / 50 metres YES NO
(Circle one)

Please supply an address and contact number where you can be contacted during the trip.

Name: _____
Home address: _____
Ph: _____ Wk: _____ Mobile: _____
Alternative emergency contact person: _____
Home address: _____
Ph: _____ Wk: _____ Mobile: _____

- I agree that the student in my care will abide by the school rules while on the 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.

The above information is true and accurate, and I agree to the conditions of the trip that my child

_____ will be attending on _____
(child's name) (date of trip)

Signed: _____ Date: _____