Grade 2 Sleep Over
INFORMATION

DATE: Friday 27th November 2015 to Saturday 28th 2015

TIMES: Drop off at - 6.30 pm on FRIDAY 27th November
Pick up NO LATER THAN 7.30am on SATURDAY 28th November

COST: $15

MEALS: Dinner, supper and breakfast are all catered for

WHAT YOU WILL NEED TO BRING:
- Sleeping bag
- Sleeping mat
- Pillow
- Towel for drying hands and face after cleaning of teeth
- Pyjamas (Children may wear track suits as pyjamas)
- Wash bag with toothbrush and toothpaste
- Teddy or Cuddly Toy (don’t let them miss out on the fun)

**PLEASE NOTE**

NO hand held electronic games, phones, watches, mp3 players, torches or radios.

SUPERVISING ADULTS:
Jodi Wilkins, Michael Jenkins, Kate Black, Kursten Tan, Emily Bowman and Catherine Holt. Other teachers will be helping with the barbeque and movie only.

MEDICATION:
Any medication MUST be handed to Mrs Wilkins and be CLEARLY MARKED and LABELLED.
Grade 2 Sleep Over
INFORMATION

PROGRAM FRIDAY EVENING

6.30pm  Children arrive – set up beds

7.00pm  BBQ Tea & Outside Games

8.30pm  Movie
         Including SUPPER

10.30pm BED (WE HOPE)

6.30am  Breakfast

ALL CHILDREN MUST BE COLLECTED
BY 7.30 A.M. SATURDAY 28th!

Thank you

Jodi Wilkins, Michael Jenkins and Kate Black.
THE GRADE TWO TEACHERS
As an annual event, the grade two students participate in a supervised sleepover in Term 4, as preparation for later school camp experiences.

COST: $15
DATE: Friday 27th November 2015 to Saturday 28th November 2015
TIMES: Drop off at - 6.30 pm on FRIDAY 6th November
Pick up NO LATER THAN 7.30am on SATURDAY 7th November
MEALS: Dinner, supper and breakfast are all catered

I give permission for ________________________ to attend the Grade 2 Sleepover from 6.30 pm Friday 27th November to 7.30 a.m. Saturday 28th November 2015.

I have enclosed $15.00 for the cost of the Sleepover.
Signed (Parent / Guardian)________________________Date_________________
Payment Type: [ ] Cash          [ ] BPay          [ ] Cheque          [ ] Credit Card

Date BPay paid: ………………………
THANK YOU
Jodi Wilkins, Michael Jenkins and Kate Black
THE GRADE TWO TEACHERS

PLEASE RETURN MONEY AND PERMISSION FORM NO LATER THAN:
MONDAY 9th NOVEMBER 2015

PARENT HELPERS:
Please tick the appropriate boxes if you wish to help with the sleep over. Helpers will be notified prior to the sleep over. (Helpers will require a current Working With Children Card).
Parent Name______________________________
Yes ☐ I will help with the BBQ Tea (Friday Night)
Yes ☐ I will help with breakfast (Saturday Morning)
Grade 2 Sleep Over

MEDICAL PERMISSION REPORT

PART ONE

Confidential Medical Report For School Camps

This report is compiled to assist us in case of any eventuality with the children. All information is held in confidence and these forms will be destroyed after the sleepover. We ask parents to note the following requests and abide by them.

Child’s Name: ……………………………………………………………………………………………………………………………
Current Address:…………………………………………………………………………………………………………………………
Telephone: After hours:…………………… Business:………………………………………………………………………………

Medical / Hospital Insurance Fund……………………………………………………………………………………………………
Number………………………………
Ambulance Fund……………………………………………………………………………………………………………………

Is your child presently taking tablets and / or medicine? Yes☐ No☐
If yes, please state name of medication, dosage etc
………………………………………………………………………………………………………………………………………………………..

All medicines must be handed to Mrs. Wilkins with your child’s name, the dose to be taken and when it should be taken.

Dosages to be distributed as required.
Please do not allow children to be in possession of any medicine whilst on the sleepover.

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 …………………………….
Grade 2 Sleep Over

MEDICAL PERMISSION REPORT

PART TWO

ALLERGIES TO:

☐ Penicillin   ☐ Any Foods (please state) ...................................

☐ Drugs       ☐ Other (please state)...........................................

What special care is recommended?...........................................

Date of last Tetanus Immunisation: ................

Is this the first time your child has been away from home?  ☐ Yes  ☐ No

DECLARATION

PLEASE SIGN THIS STATEMENT as it is required by the Department of Education and Early Childhood Development (DEECD) for ALL students attending school camps or excursions.

“I authorise the teacher in charge of the Grade 2 Overnight Sleepover, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.”

Child’s Name: .................................................................

Signature of Parent/Guardian: ................................................

Date: ...............
Dear Parents,

Please note, that due to unforeseen circumstances, the date of the Grade 2 sleepover has been changed.

The sleepover will now be held on

**FRIDAY 27TH NOVEMBER – SATURDAY 28TH NOVEMBER.**

Please sign the new permission form attached. If you have already filled out the medical forms there is no need to fill them out again.

The important form is the permission form with the new date.

Thank you for your understanding,

Jodi Wilkins, Michael Jenkins and Kate Black