



Camp Details

Broome Camp School

Dear Parent / Guardian,

Your son/daughter _____ has the opportunity to attend the Department of Education and Training camp school at Broome. Could you please read the details of the camp and return the attached consent form by ___/___/___.

DETAILS OF CAMP ARE AS FOLLOWS:

Dates: From ___/___/___ to ___/___/___.

Venue: Broome Camp School, 7 Millington Road, Broome

Person in charge: _____

No of Adult Helpers: (Male) ___ (Female) ___ Parent helpers required: Yes / sorry

No of students: (Male) _____ (Female) _____

Cost per student: \$ _____ Maximum spending money: \$ _____

Departure time: _____ **Estimated time of return** _____

Activities to be undertaken: _____

Location of activities: At the camp school and surrounding area. _____

Student contact during the camp: The Camp School can be contacted during office hours on 08 9192 1421 **emergency contact only please**. Fax 08 9193 5831.

Transport Arrangements: _____

Staff action in case of an accident or illness on the camp: In the case of an accident or illness treatment will be performed at the place it occurs and if required further medical attention at the local Doctors or Hospital will be carried out. Parents will be informed as soon as possible. Any costs incurred as a result of accident or illness are the responsibility of the parent/guardian

Liability for loss or damage to student property and medical costs incurred in case of accident or illness: School staff are not responsible for any loss or damage to their child's personal property that may occur during the course of the camp.

Please note:

1. The camp is fully catered
2. A suggested clothing list is attached
3. A Camp Permission Form and Medical & Water Based Authority Form is attached
4. Payment of money would be appreciated by ___/___/___.