



YEAR 6 SWAN VALLEY ADVENTURE CENTRE CAMP

Wednesday 5 November – Friday 7 November 2025

Dear Parents and Caregivers,

The year 6 students will be attending a 3-day camp experience at Swan Valley Adventure Camp from Wednesday 5th November to Friday 7th November 2025. (Week 4 Term 4)

Students will participate in activities which are designed to create a sense of personal achievement, assist in the development of skills needed to become part of a team and build good relationships - all while having fun!

Mrs Dong, Mr Preston, two Special Needs Education Assistants, and Admin team will be attending.

In the event of an emergency, you will need to call Swan Valley Adventure Centre on 9374 5600 and they will get a message to us.

The cost per child is \$435 and is inclusive of all activities, main meals, transport (seat-belted bus) and accommodation.

All payments must be finalised by 22nd October 2025.

Please pay by direct deposit into the school's bank account.
Please include your **child's name and 'camp'** in the comment line:

Account Name: Mullaloo Beach Primary School

BSB: 066040

Account: 19901738

If you would like to arrange payment instalments, please come into the office and we will be able to assist you.

Kind Regards
Mrs Dong and Mr Preston



Camp Permission slip – return to Admin office

I give permission for my child _____ to attend the Year 6 camp at Swan Valley Adventure Centre, from 5th – 7th November 2025. I agree to inform the school well before the scheduled excursion date of any change to my child's health and fitness so that appropriate supervision may be arranged.

I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment. I am aware that any costs incurred because of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the camp.

I agree that if my child demonstrates unacceptable or dangerous behaviour, he/she will be unable to continue at camp, and I will therefore be responsible for collecting him/her. This decision will be made by the school Principal.

Water based activity-based form

Students will participate in water-based activities. Water raft building involves students entering the water with life jackets.

Please indicate that last level they obtained through the Department's swimming lessons. Please provide any further information about your child's swimming ability.

Stage _____

Dietary Requirements

It is important at this stage that we obtain information about any special dietary requirements that your child may have to inform the camp catering service as soon as possible. Examples of this may include food intolerances, allergies, vegetarian, and medical needs. Swan Valley camp providers will endeavor to cater for all needs and provide a well-balanced nutritious meal that confirms with the department's traffic light system. All students requiring a special dietary requirement will be provided with a wristband that needs to be worn at all times.

- NO Requirements.
- Yes, my child requires a special diet (for example Gluten free, lactose, food allergy)
Please provide further information

Non scripted medical permission slip

This letter is seeking permission for the administration of paracetamol, ibuprofen or antihistamines for your child, should it be required on camp. From time to time, children will experience headaches, mild aches/pains or mild allergies whilst on camp. Your written consent allows us to provide your child with recommended doses (non-prescribed medication) without having to directly contact you. We have found this to be effective on camp, especially in the middle of the night, or when contact with you is not available.

I give the school permission to administer if required.

- Paracetamol
 - Ibuprofen
 - Antihistamine
-

Prescribed medication

If your child needs prescribed medication, please fill out the attached medical form. This medication needs to be provided with this form on the morning of camp. This medication will be placed within staff quarters and administered by a staff member as per the medical form.

Confirmation of information provided

I (parent name) _____ agree that all the information provided above is correct.

Signed _____ Date _____

What to Bring to Camp

Clothing

T-shirts
Long\short sleeved top
Mid length shorts, full length pants (for activities)
Jumpers\jackets
Pajamas
Underwear\socks
Bathers, board shorts, rash vest, (No bikinis)

Footwear

Enclosed shoes must be work for all activities and around the centre. Thongs and slides are only permitted inside accommodation
Additional shoes to be worn in the dining room not wet shoes
Reef shoes or old sneakers for canoeing

Personal Items

Toiletries- body wash, shampoo, toothbrush, toothpaste etc
Sunscreen
Hat
Torch
Towel to shower
Towel for wet activities
Waterproof jacket
Insect repellent (roll on)
Small backpack or School bag
Water bottle
Plastic bag for wet clothes

DO NOT BRING

Mobile phone
iPad
Expensive jewelry or shoes
Aerosol sprays
Chewing gum