

PLEASE COMPLETE THIS FORM AND RETURN BY:

*FRIDAY FEBRUARY 17TH WITH PAYMENT OF CAMP FEES OF \$140.00*  
(ARRANGEMENTS CAN BE MADE BY INSTALMENTS WITH MRS BOWDEN)

**STUDENT'S NAME .....****ROOM.....**

**EDUCATION OUTSIDE THE CLASSROOM**

PARENT/ CAREGIVER PERMISSION AND MEDICAL INFORMATION FORM:

I give permission for my son/daughter.....  
to participate in the Year 5/6 camp at Ngaruawahia Christian Camp, April 2-5th 2012.

I agree that he/she should take part in such activities and such necessary duties as may be required by staff. I authorise the obtaining on my behalf any medical assistance if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred.

To the best of my knowledge he/ she have no medical or physical disabilities likely to prove detrimental to him/her or others during the camp.

I understand that the school will not accept responsibility for loss or damage of personal property (check own household insurance policy)

**Signature of**  
**Parent/Caregiver .....**

**Address.....**

**Date .....**

**Telephone Numbers:**

**Home.....**

**Work-Mother.....**

**Work –Father .....**

**Emergency number Day..... Name.....**

**Emergency number Night.....Name.....**