



GRACEVILLE STATE SCHOOL

Established 1928

23 Acacia Ave, Graceville, Q 4075
(Location: Cnr Oxley Rd & Acacia Ave)

Phone: 3716 2777 • Fax: 3716 2700

Email: the.principal@gracevilss.eq.edu.au

Dear Parents/Caregivers

17 May 2019

Your child is invited to participate in the **Beginner Strings Extraganza** which is being held for all students who began learning a stringed instrument this year. There will be beginner string students from 4 local state schools participating at the camp. This is a ONE DAY event.

Venue: Sherwood State School
Cnr Sherwood Rd & Oxley Rd, Sherwood (in the HALL overhanging the oval)
Date: **TUESDAY 18th June**
Start Time: 8:30am – Assemble outside Hall
Finish Time: 2:30 pm – Students must be collected promptly
Transport: own (private transport)

What to Bring: Morning tea, lunch, instrument (including bows), hat, water bottle, any new medications. Any specific medications for your child will be brought to the event by Mrs Prout (Eg. Epipen/Ventolin) Please name everything clearly!

Cost: Nil (this is covered in the Instrumental Music Levy)

NO TUCKSHOP AVAILABLE so please DO NOT send money. Please DO NOT include NUTS, POPPY SEEDS OR SESAME SEEDS in your child's lunch. Sherwood SS is a NUT FREE ZONE!

What to wear: Students are expected to wear their respective school uniform.

Concert: **There will be a concert held at 2pm** to conclude the day camp. Parents and friends are all welcome to attend. The concert will finish at approximately 2:20pm. Students will be released into the care of parents after the concert. **Any students remaining after 2.45pm will be sent to the Sherwood SS school office.**

Please return the attached Registration/Medical form to your school office ASAP but NO LATER than Friday 8 June. For children's safety - THERE IS NO PARKING or DROPPING OFF in the school grounds.

This is an excellent opportunity for your child to consolidate everything they have learnt so far this year and to further their musical development in leaps and bounds. We look forward to seeing all the beginner students take advantage of this great opportunity to learn new techniques and pieces, to play in a large string orchestra, as well as to enjoy the experience of their first performance. If you have any questions please don't hesitate to contact your teacher or the office. Thank you for your continued support.

Mrs N Lindh
IM Coordinator

Mrs R Prout
String Teacher

Mrs L McKeaten
Deputy Principal



Please return this

BEGINNER CAMP MEDICAL FORM

AS SOON AS POSSIBLE (no later than 8th June).

A. Student Details

Student's Surname:	School:
Given Name:	<i>Please Circle:</i> MALE FEMALE
Preferred Name at Camp:	Year Level:
Date of Birth:	Home Phone:
Day Contact Person Name:	Day Contact Person Phone:
Medicare Number:	
Emergency Contact Person:	
Emergency Contact Number:	

B. Please read and complete medical history details below.

Medical Condition	Y or N	Details/Treatment
1.Asthma, sinus, hay fever		
2.Allergies (foods, medication, materials...)		
3.Recent operations, illness, injuries.		
4.Epilepsy		
5.Phobias		
6.Heart Problems		
7.Physical disabilities		

C. Details of Medication Required at Camp: Is medication required while at camp? [] YES or [] NO. If yes, please give details below. Please indicate dosages and times. ANY NEW MEDICATION MUST BE HANDED TO MRS PROUT.

MEDICATION	DOSAGE AND TIME

PLEASE HAVE ANY NEW MEDICATION IN A CLIP-LOCK PLASTIC BAG, CLEARLY MARKED WITH THE CHILD'S NAME. Medication will be given at the office. INCLUDE INSTRUCTIONS ON A NOTE INSIDE THE BAG.

IF YOU WISH FOR YOUR CHILD TO SELF-MEDICATE USING ASTHMA PUFFERS, PLEASE INFORM US IN THE FOLLOWING SECTION.

D. Please list any other details Camp Supervisors should know.

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E. Activities Exclusion

Is there is any normal school activity in which your child should not participate?

Please provide details:

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F. Permission

I give permission for my child _____ to attend the **BEGINNER STRINGS CAMP**, as above. I hereby authorize the Principals/coordinators of the Music Camp to obtain such medical attention as may be deemed necessary, and I accept that I am responsible for the costs. I am aware that my child will be participating in activities normally associated with school camps and hereby give consent for my child to participate in them unless specified in E above.

Name: Parent/Guardian:	Signature:	Date:
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