



23rd January 2020

MIGS/ADM/PE/SS/PS/2020-0185

Dear SS Parents/Guardians,

RE: SENIOR SCHOOL CAMP 2019/2020

We are pleased to inform you of the details for our senior school camps that are scheduled to take place in March of this year for all our students in Years 7-10. From the senior school camp experiences and feedback last year, I was pleased to note that our senior students and parents highlighted that the camps have indeed enriched their children's learning and growth. Several parents have shared with us how their children had gained confidence and knowledge from being outdoors, as well as the independence of being away from home with their teachers and schoolmates. Being in a different place and experiencing a different routine, enables students to strengthen collaborative dynamics and gain new perspectives on themselves, their schoolmates and teachers; and indeed the world around them.

We believe it is crucial to reinforce the sense of awareness and wonder with which young children explore the world. Our **aim for the camp remains** to:

- support students' innate wonder and curiosity about the natural world
- inculcate a sense of respect and reverence for the world around us
- develop a willingness to learn from and serve the surrounding community
- appreciate different perspectives on ways of living together and using resources
- making real-life connections

We hope that our **students will be able to:**

- develop the skills of being able to work with others and strengthen teamwork
- practise their critical and creative thinking and problem-solving skills
- cultivate the spirit of responsibility and independence
- explore ways to demonstrate social responsibility
- Enhance their leadership skills

Senior school camp is an extension of the school curriculum and is integrated into the outdoor learning experience. Students' attendance in the senior camp (although not compulsory) is actively encouraged and promotes development. Teachers are planning and designing lessons *pre, during and post* the camp trip and given attention to put together an enriching curricular programme based on the connected itinerary.

Safety of our students remains of utmost importance during our Senior School Camp. Our students will be chaperoned by our team of teachers. Students will need to abide by the senior school camp rules and regulations that will be conveyed to them, failing which they might be asked to be collected from the camp early, as per our policies.

We will send more details and conduct a year-level specific briefing session on the **13th of February at 3pm** for our Year 7-10 parents. Your attendance at this briefing will assist in gaining a better understanding of what we have planned for your child during the camp, the activities they will engage in and also, how they will be continuously assessed.

Please fill in the Senior Camp parent agreement on page 3 and return it to your child's Class Teacher as soon as possible, but certainly before **Friday 5th February 2020**.

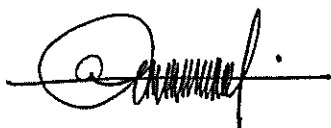
Year Group	YEAR 7	YEAR 8	YEAR 9	YEAR 10
Date	18 th - 20 th March 2020			
Training Provider	Outward Bound School	Wilderness Malaysia	Eagle Ranch	
Venue	Lumut, Perak	Port Dickson, N. Sembilan	Port Dickson, N. Sembilan	
Duration	3 D 2 N	3 D 2 N	3 D 2 N	
Team of Teachers	2	2	3	
Expected Student Number	25	25	35	
Total Cost	RM 900.00	RM 900.00	RM 900.00	

Note: We spent time to make sure that the camp is cost-specific and lower than the previous years. Your earliest payment of the Senior Camp fee will facilitate us to secure the best deals in hotel accommodation. Please provide the payment between the 24th Jan 2020 - 5th Feb 2020, any cancellations are only allowed within the payment period, should a cancellation occur after the payment, all payments shall be forfeited. In addition, students who are unable to attend the camp it is compulsory to return the form to PE Department stating your decision.

Thank you for your continued support in our school programmes and your assistance in our mission to serve our students with their best interest and learning experiences at heart.

Please reach us during school hours (7.30 am – 3.00 pm), for any queries or clarification.

Best regards



MR MEGAT ASLAM
Senior PE Teacher



MR JOHN PAUL BIRCH
Principal

SENIOR CAMP CONSENT FORM

Student Name	
Class	Year ____
Location of Trip	
Decided to	Please circle your decision: Attending Not Attending

I/We understand that the Mutiara International Grammar School Senior Camp will take place on the following dates: -

Outbound Date	Departing from MIGS on	Wednesday 18th March 2020
Inbound Date:	Returning to MIGS on	Friday 20th March 2020

I, parent/guardian of the student named above hereby agree with the policy stated below.

- I. I give consent to my child attending the Senior Camp.
- II. I understand that it is my responsibility to ensure that my son/daughter arrives at MIGS on time and is collected from MIGS promptly after his/her return to MIGS.
- III. Should my son/daughter infringe on any of the rules of this Senior Camp which will be explained by the teachers and which he/she and I shall fully understand and accept, whether this infringement be of a minor or more serious nature, I accept that he/she shall be sent home early. Should this situation arise, I will cover the entire cost of the additional transport necessary.
- IV. I understand the staff/chaperones from MIGS will exercise their utmost care throughout this Senior Camp and that MIGS cannot assume liabilities for accidents, illness, or disease, and loss of valuable items.
- V. I also understand that my son/daughter may be given some 'free time' at some stage during the trip and that during this time my son/daughter must obey all rules as explained to them.
- VI. Time will be set aside at least once a day for my child to call home and I will respect this schedule.
- VII. I authorise MIGS to secure medical attention for the student named in this form as is deemed necessary.
- VIII. The deposit and full payment for this Senior Camp shall be payable by the date stipulated in the invoices.

Name of Parent/Guardian	
Signature of Parent/Guardian	
Date	

Kindly return this completed form to your child's Class Teacher by Wednesday 5th Feb, 2020



CONFIDENTIAL MEDICAL INFORMATION FORM

Please specify any allergies (medications, foods, plants, insects, etc.) and any other medical conditions/history that may affect the student. Please provide details of ANY medication the student is taking. Please complete the form below and tick boxes where appropriate.

STUDENT'S PARTICULARS

FULL NAME

YEAR DATE OF BIRTH

NRIC/PASSPORT AGE

Date of Last Tetanus (If unknown, please write 'unknown') Blood Type :

Does your child have asthma/ bronchitis	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
High/Low Blood Pressure	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	Frequent Fits/Blackouts	<input type="checkbox"/>
Phobia (please specify) _____	<input type="checkbox"/>	Others (please specify) _____	<input type="checkbox"/>
Head Lice	<input type="checkbox"/>	Travel Sickness/Sea Sickness & Motion	<input type="checkbox"/>
Recent Injury or Operation	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>

Is there any other physical, psychological or other limitation that the Tour Organizer's should be aware of?

Type of Allergy (e.g. : food, insects, medication, other)	Type of reaction	Required treatment

All medication should be clearly labelled with child's name, name of medication, what it is to be used for, the dosage and when it is to be given.

Name of Medicine	Dose	Frequency (e.g : 3 times a day)

(Parent/Guardian Signature)

Date

Name : _____

Parents are reminded that:

- Students are not permitted to take any unauthorized medication of any kind on the trip without the supervising teacher's knowledge and supervision, and
- Supervising teachers **must** be informed in writing, of any changes to a student's medical history and/or medication which might occur before the trip.

PARENT'S PARTICULAR

Father's /Guardian's Name

Mobile/ House Number 1. 2.

Office Tel No Email

Mother's /Guardian's Name

Mobile/ House Number 1. 2.

Office Tel No Email

Additional Contact (In Case of Emergency)

Name

Mobile/ House Number 1. 2.

Office Tel No Email

Relationship

PERMISSION AND AUTHORISATION FOR TREATMENT:

If I cannot be reached in the event of an emergency, I hereby give consent to the School to seek emergency medical or surgical attention when deemed necessary for the welfare of my child.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

(Parent/Guardian)

Date

Name :