



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel : 2386 8049

Fax : 2708 9950

Website : <http://www.lcu.edu.hk>

Email : [lcugps@edb.gov.hk](mailto:lcugps@edb.gov.hk)

Special Notice: 86/2024-2025

6.12.2024

To: Parents / Guardians,

**UAP Overnight Camp (2024-2025)**

To develop participants' competence, belongingness and optimistic character, a 2-day overnight camp will be organized for UAP members. The details of the camp are as follows:

<b>Date:</b>	3.1.2025 (Friday) and 4.1.2025 (Saturday)
<b>Time to set off:</b>	2:30pm (3.1.2025)
<b>Time &amp; place of dismissal:</b>	12:00noon (4.1.2025) at the school hall
<b>Venue:</b>	<b>Po Leung Kuk Pak Tam Chung Holiday Camp</b> (530 Tai Mong Tsai Road, Sai Kung)
<b>Food and drinks:</b>	1. Dinner on 3/1 and breakfast on 4/1 <u>will be provided.</u> 2. A full-bottle of water should be brought and water can be re-filled in the campsite.
<b>Remark:</b>	1. If there is suspension of school announced by EDB due to adverse weather conditions, the activity will be postponed. 2. A packing list will be given to participants at the briefing session on 10/12. 3. All participants have to come to school as usual at 8:30am on 3/1 and have normal lessons until 2:05pm. 4. Participants will be accompanied by school personnel. 5. Boys and girls will be separated into different dormitories.

Please return the reply slip to Ms. SUNG Yi-tim (School Social Worker) on or before 9.12.2024 (Monday). Should you have any enquiries, please feel free to contact Ms SUNG Yi-tim (School Social Worker) at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)  
Headmistress

**Reply Slip**

**UAP Overnight Camp (2024-2025)**

Special Notice : 86/2024-25

Date : \_\_\_\_\_

To: Headmistress,

I have read the Special Notice No. 86/2024-25 dated 6.12.2024 and I fully understand its content.  
I **\*agree / do not agree with** my child to take part in the said activity.

**#Normal way of going home:**

- Go home alone
- Parent's Team
- School bus No.(            )

**#Way of going home after the activity:**

- Go home alone
- Pick up by parents

Student's name: \_\_\_\_\_ (            )      Class: P. \_\_\_\_\_

Parent's / Guardian's: \_\_\_\_\_      Contact no.: \_\_\_\_\_

**Remark \* Please ✓ the appropriate option.**

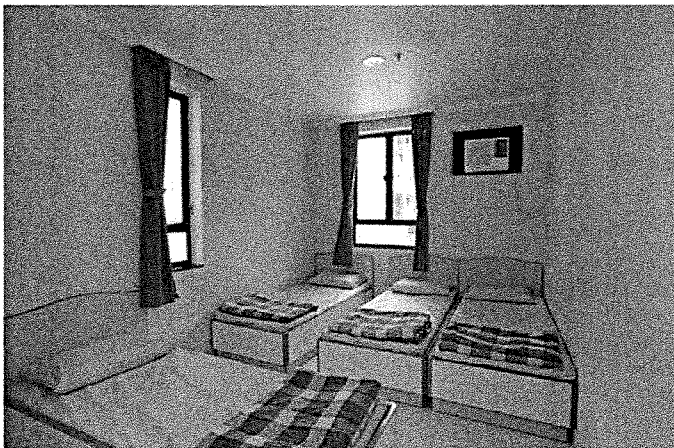
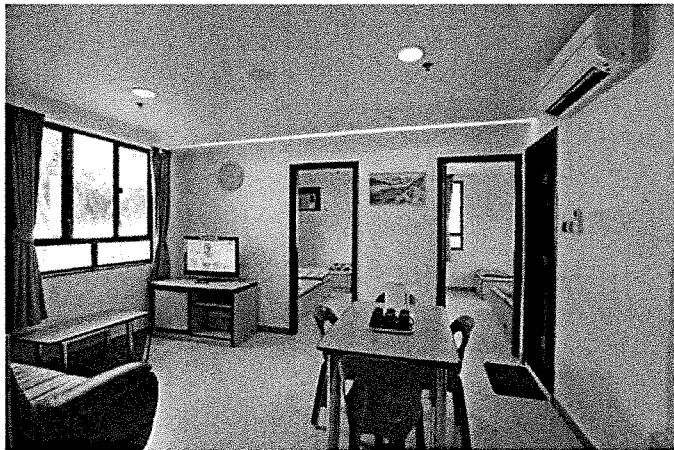
## UAP Overnight Camp Rundown

### 3-1-2025 (Friday)

2:30pm	Set off from the school
3:15pm	Arrival at the campsite
3:15pm – 6:00pm	Activity 1 : Challenge Rope Course
6:00pm – 7:15pm	Dinner
7:15pm – 9:45pm	Activity 2 : “Night Walk”
9:45pm – 10:30pm	Bathing
10:30pm	Light out

### 4-1-2025 (Saturday)

7:00am – 7:30am	Morning call
7:30am – 8:00am	Morning Exercise
8:00am – 8:30am	Breakfast
8:30am – 10:45am	Activity 3 : Treasure hunt / Free time
10:45am – 11:00am	Debriefing and packing up
11:00am – 12:00nn	Departure & traveling
12:00nn	Dismissal



Boys and girls will be separated into different dormitories with at least one teacher in charge of one dormitory.

# Camp Health Form

## Particulars

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Parent's names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_

## In an Emergency

Another contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_

## Health History

Health history	Yes (✓) (Please specify)	No (X)	Medication needed *	
			Yes (✓)	No (X)
1) Known allergies (e.g. medicine, food, plasters, bites, stings)				
2) Chronic or recurrent illnesses				
3) Recent contact with any infectious disease(s)				
4) Others: _____				

*\*Students should bring along the medicine and it will be kept by teachers for safety purposes.*

My child is fit to take part in all camp activities. #  Yes     No

I authorize the teachers to take any appropriate management actions should any emergencies arise, whilst attempting to contact us.

Name of parent / guardian: \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_

Remark: # Please "✓" the appropriate one.