



Special Notice: 91/2025-2026

6.1.2026

To: Parents / Guardians,

**UAP Overnight Camp (2025-2026)**

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>	16.1.2026 (Friday) and 17.1.2026 (Saturday)
<b>Time to set off:</b>	2:30pm (16.1.2026)
<b>Time &amp; place of dismissal:</b>	12:00noon (17.1.2026) at the school hall
<b>Venue:</b>	<b>Sai Kung Outdoor Recreation Centre</b> (Tui Min Hoi Area, Sai Kung)
<b>Food and drinks:</b>	1. Dinner on 16/1 and breakfast on 17/1 <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 13/1. 3. All participants have to come to school as usual at 8:30am on 16/1 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 (2025-2026)**

Special Notice : 91/2025-26

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

To: Headmistress,

I have read the Special Notice No. 91/2025-26 dated 6.1.2026 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

### **16-1-2026 (Friday)**

2:30pm	Set off from the school
3:15pm	Arrival at the campsite
3:15pm – 6:00pm	Team Building Activities
6:00pm – 7:15pm	Dinner
7:15pm – 9:45pm	Self-understanding Activities
9:45pm – 10:30pm	Bathing
10:30pm	Light out

### **17-1-2026 (Saturday)**

7:00am – 7:30am	Morning call
7:30am – 8:00am	Morning Exercise
8:00am – 8:30am	Breakfast
8:30am – 10:45am	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.