



# Beerwah State High School

## HPE Excursion

Dear Parent/Caregiver

2<sup>nd</sup> February 2021

Beerwah State High School are excited to nominate a Under 7/8, 9/10 and Open Girls 9-a-side Rugby League team in the Annette Brander 9s tournament, hosted by the Sunshine Coast NRL Game Development team and the Sunshine Coast Falcons.

***To be able to attend this incursion students must have paid their SRS fees and Subject Levies in full, or have set up a Payment Plan through Finance.***

### DETAILS OF INCURSION:

Date of Incursion:	Friday 5 <sup>th</sup> March
Cost:	\$20
Dress Code:	Full School Uniform (bring footy shorts, boots and mouth guard)
Time of Excursion:	8:00am
Estimated time of return to school:	2:30pm-2:50pm
Means of Transport:	Bus
Venue:	Caloundra JRL, Plover Parade Caloundra
Teachers in Charge:	Miss Emma Liesegang, Mr Mark Cavanagh, Mr Steve Jeffery
Behaviour:	Exemplary: as per school rules

Please complete permission and medical form attached and return them to cash collections no later than Friday 26<sup>th</sup> February with payment.

Regards

Steve Jeffery

HOD of HPE

Lyn McDonald

Principal



# Beerwah State High School

**CONSENT FORM:** PLEASE COMPLETE, DETACH AND RETURN, by Friday 26<sup>th</sup> February 2021 to Cash Collections with payment

**Activity Risks and Insurance:** The perceived inherent risks for this activity are **HIGH**

The activity outlined carries inherent risks of physical injury occurring. Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also covered by your provider. Any other costs must be covered by parents/cares. It is up to all parents/cares to decide what types and what level of private insurance they wish to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity

**IT IS MANDATORY TO COMPLETE ALL SECTIONS OF PERMISSION FORM WHERE APPLICABLE**

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- ☐ I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- ☐ Please find \$.....with this form.
- ☐ In the event of an accident or illness, I also authorise school staff to obtain or administer any medical assistance or treatment, which they deem necessary which my child may reasonably require.
- ☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including transportation costs) and undertake to reimburse the State of Queensland (via Department of Education and Training) the full amount of any costs on my child's behalf.
- ☐ The teachers involved may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually, in the above-mentioned activity

<b>Name:</b>		<b>Roll Class:</b>	<b>Year Level:</b>
<b>DOB:</b>			
<b>In case of emergency</b> - Home Phone Number:			
Mother's Work Number:		Father's Work Number:	
<b>If parent unavailable</b> , emergency contact name:			
Home Phone Number:		Work Phone Number:	
<b>PROBLEMS</b>			<b>FURTHER INFORMATION</b>
HEART PROBLEMS		YES / NO	<b>Medication currently being taken:</b> Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions:
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food Drug Ointments Other	YES / NO	
DIABETES		YES / NO	Please give details of any <b>problems - medical or physical</b> - which would limit your student's full participation in any activity, including any food restrictions:
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	Medicare Number:
PHOBIAS		YES / NO	Additional Health Insurance: YES / NO
BACK, BONE, JOINT PROBLEMS		YES / NO	
OTHER (including allergies)		YES / NO	

Parent/Carer Name: \_\_\_\_\_ Parent/Carer Signature \_\_\_\_\_

<b>STAFF TO COMPLETE~</b>		<b>REFERENCE NUMBER:</b>
<b>EXCURSION :</b> Annette Brander Girls 9s Rugby League		<b>EXCURSION COORDINATOR:</b> LIESEM
<b>DATE OF EXCURSION:</b> 5 <sup>th</sup> March		<b>FACULTY:</b> HPE
<b>TIME:</b> 8.30am	<b>END TIME:</b> 2.00pm	<b>TRANSPORT:</b> Bus

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