



Beerwah State High School

HUMANITIES – BIOMES AND FOOD SECURITY QCAMEL FARMS

Dear Parent/Caregiver

24 February 2021

Your student has the opportunity to take part in an excursion to QCamel Milk Dairy which provides valuable primary research to deepen their knowledge on Biomes and Food Security. Students may have the opportunity to pet the camels. Please ensure you highlight any allergies, Ventolin or Epi Pen requirements on the Consent Form on the next page.

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:	3 March 2021
Cost:	\$19 – (payment includes morning tea)
Dress Code:	Full formal uniform.
Time of Excursion:	9.15 am
Estimated time of return to school:	1.00 pm
Means of Transport:	Coast and Country Buses
Venue:	QCAMEL 165 Sahara Road Glasshouse Mountains
Behaviour:	Teachers in Charge: Classroom teachers Students must abide by Beerwah SHS Code of Conduct at all times. Please bring a water bottle.

Please complete permission and medical form attached and return them to cash collections no later than 12 February with payment.

Regards

Emma Braund
Humanities Coordinator

Lyn McDonald
Principal



Beerwah State High School

CONSENT FORM: PLEASE COMPLETE, DETACH AND RETURN, by 19 February 2021 to Cash Collections with payment

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

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 \$19 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

Name:		Roll Class:	Year Level:
DOB:			
In case of emergency - Home Phone Number:			
Mother's Work Number:		Father's Work Number:	
If parent unavailable , emergency contact name:			
Home Phone Number:		Work Phone Number:	
PROBLEMS			FURTHER INFORMATION
HEART PROBLEMS		YES / NO	Medication currently being taken: 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 problems - medical or physical - 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 _____

STAFF TO COMPLETE~		REFERENCE NUMBER: 471009	
EXCURSION : Year 9 Geography Biomes		EXCURSION COORDINATOR: Emma Braund	
DATE OF EXCURSION: 3 March 2020		FACULTY: HUM	
TIME: 9.15 am	END TIME: 1 pm	TRANSPORT: Glasshouse Country Bus	