



Beerwah State High School

2021 AEP, PHE, PED Training Day

Dear Parents and Carers,

AEP students in years 7-9 and Physical Education students in years 10-12 have the opportunity to attend a training day at Coolum Beach and Coolum Aqua Fun Park. This excursion provides a fun learning experience for students relating to our triathlon, cross country and athletics participation as well as exercise physiology units.

To be able to attend this excursion students must have paid their SRS fees and subject levies in full, or have set up an active payment plan through Finance.

DETAILS OF EXCURSION:

Date of excursion:	Thursday 1st April
Cost:	\$22
Dress code:	Full school uniform (bring suitable running and swimming attire)
Time of excursion:	8.00am
Estimated time of return to school:	2.45pm
Means of transport:	Bus
Venue:	Coolum Beach, Coolum Aqua Fun Park
Teacher in charge:	Mr Jeffrey
Behaviour:	Exemplary behaviour

Please complete the permission and waiver form attached and return them to Cash Collection no later than Wednesday the 24th of March.

Regards

Steve Jeffrey

HOD of HPE

Lyn McDonald

Principal



Beerwah State High School

CONSENT FORM: PLEASE COMPLETE AND RETURN WITH \$22 PAYMENT TO CASH COLLECTION

Privacy notice:

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth). The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

Activity risks and insurance: The perceived inherent risks for these activities are **HIGH**.

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, 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 also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent:

By signing this form I agree that:

- 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 does not have personal accident insurance cover for students/children.
- I give consent for my child, to participate in the activity detailed in this permission letter.
- I will pay to the school the costs detailed in this consent form for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on registration /enrolment and where relevant have updated this information.
- 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

Student name: _____ Form Class: _____ Date: _____

Parent/Carer's name: _____ Parent/Carer signature: _____

Additional medical information

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

☐ I would like this additional information about my child's medical information to be recorded in OneSchool records.

STAFF TO COMPLETE~

EXCURSION : **AEP / PE Training Day**
DATE OF EXCURSION: **1st April, 2021**

REFERENCE NUMBER:

EXCURSION COORDINATOR: **KERRBE**
FACULTY: **HPE**

35 Roberts Road / PO Box 198 Beerwah QLD 4519

P. 07 5436 5333

F. 07 5436 5300

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