

# Beerwah State High School

For All

**Eumundi Markets - 28<sup>th</sup> April 2021**

22 February 2021

Parent/Caregiver

An excursion (low risk) to the Eumundi Markets has been organised as part of the Food Innovation and Design (FID) curriculum program, in which your child is undertaking. The aim of this activity is to introduce students to the variety of tastes and textures produced in the local community, as well as to observe how a market stall is set up and operated. Knowledge gained from the markets will then be transferred into students designing and executing their own market stall, to take place at Beerwah State High School towards the end of term two.

## Excursion Details:

**Date:** Wednesday, 28<sup>th</sup> April 2021

**Location:** Eumundi Markets

**Time:** 9:00am – 2.30pm

(Students are to meet at the front of Beerwah SHS at 8:40am for a 9:00am departure. Return to school will be at approximately 2.30pm.)

**Transport:** Bus

**Cost:** **\$8.50**

## Student Requirements:

Dress Standard	Full formal school uniform with correct enclosed footwear and hat.
Meal Arrangements	Lunch may be taken or purchased with own money.
Materials Necessary	Small backpack, sunscreen, clipboard folder, pens and water bottle.
Behaviour	As per school behaviour policy. Students are representing BSHS and best behaviour and effort is required.

**Note: To be able to attend this excursion students must have paid their SRS fees and subject levies in full, or have set up a payment plan through finance.**

Please return the attached consent form and payment to Beerwah State High School's office by **Monday 22<sup>nd</sup> March**. Bpoint is the preferred payment method. There is a Bpoint link included on the invoice. Alternatively the Cash Collection hours are **8am -12pm Monday, Wednesday and Friday**.

Regards,



Kardia Volpato  
Teacher



Cassandra Clark  
Head of Department



Lyn McDonald  
Principal

35 Roberts Road / PO Box 198 Beerwah QLD 4519

P. 07 5436 5333

F. 07 5436 5300

E. [admin@beerwahshs.eq.edu.au](mailto:admin@beerwahshs.eq.edu.au)

[www.beerwahshs.eq.edu.au](http://www.beerwahshs.eq.edu.au)

# Beerwah State High School



**Eumundi Markets – 29<sup>th</sup> April 2020**

**CONSENT FORM: PLEASE COMPLETE, DETACH AND RETURN WITH PAYMENT, TO CASH COLLECTION BY 22<sup>nd</sup> March 2021**

**Activity Risks and Insurance:** The activity outlined above 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.
- As Parent/Caregiver of \_\_\_\_\_ Student Number \_\_\_\_\_ in Roll Class \_\_\_\_\_, I give my consent for him/her to participate in activity detailed above.
- 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

STUDENT NAME..... FORM CLASS .....

MEDICARE NUMBER: ..... STUDENT MOBILE PHONE.....

NOMINATED PICK UP POINT ON ROUTE ..... BSHS .....

NOMINATED SET DOWN POINT ON RETURN ROUTE..... BSHS .....

Nominated pick up person: ..... Mobile Phone.....

On return to school my student will walk home Yes  No

I hereby give permission for my son/daughter to have their photograph taken at this excursion Yes  No

**MEDICAL INFORMATION** Please indicate whether there are any concerns with any of the following and provide below. Also give any details of any condition which may prevent your student from participating in any of the activities involved.

- |  |  |
|--|--|
| a) Heart Problems Yes <input type="checkbox"/> No <input type="checkbox"/> | b) Private Health Cover & Name Yes <input type="checkbox"/> Name of Insurer ..... No <input type="checkbox"/>  |
| c) Migraines Yes <input type="checkbox"/> No <input type="checkbox"/>      | d) Tetanus Injection and When Yes <input type="checkbox"/> Date of Injection ..... No <input type="checkbox"/> |
| e) Asthma Yes <input type="checkbox"/> No <input type="checkbox"/>         | f) Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| g) Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>      | h) Travel Sickness Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |
| i) Recent Illness Yes <input type="checkbox"/> No <input type="checkbox"/> | j) Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| k) Other .....   |  |

Parent/Carer Name: ..... Contact Mobile phone.....

Parent/Carer Signature: ..... Date: ...../...../..... Contact Other phone .....

<b>STAFF TO COMPLETE~</b>	<b>REFERENCE NUMBER</b>
<b>EXCURSION : Eumundi Markets</b>	<b>EXCURSION COORDINATOR: Lilly Preston</b>
<b>DATE OF EXCURSION: 1<sup>st</sup> May</b>	<b>FACULTY: Home Economics</b>
<b>DEPARTURE TIME::</b>	<b>RETURN TIME::</b>
<b>TRANSPORT: WALKING <input type="checkbox"/> BUS <input type="checkbox"/> RAIL <input type="checkbox"/> TAXI <input type="checkbox"/> FERRY <input type="checkbox"/> AEROPLANE <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/></b>	

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