



GILSTON STATE SCHOOL

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Gilston QLD 4211

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Excursion Name	Bicycle Safety	Reference Code	Y4 Bike
Date of Excursion	Tuesday 5 October - 4B Wednesday 6 October - 4CJ Thursday 7 October - 4CM	Time of Excursion	9:00am – 2:30pm
Location of Excursion	Bicycle Safety Ashmore	Class / Year Level	Year 4
Risk Level of Activity	Low / Medium / High / Extreme		
Excursion Activities/Purpose	Bicycle Safety		
Potential Hazards if applicable	Falling off bicycle (all students wear helmets, first aid facility on site)		
Transport Details	Bus supplied by Ashmore PCYC Bike Safety		
Dress Requirements	School uniform (please note: shorts or trousers recommended for girls)		
Other Requirements	Hat, sunscreen, morning tea, lunch and water to drink.		
School Contact Person	Classroom Teacher		
Excursion Cost per Student	\$5.00 due by Thursday 16 September	No late payments will be accepted – see below for due dates	

Activity Risks and Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment 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 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.

BPoint and QParents Payment – Final Date for Payment - Thursday 16 September 2021

BPoint payments can be made using the details on the invoice and must be made **at least 3 days prior to the due date** to allow for the payment to show in the school account by the due date.

Internet Payment – Final Date for Payment – Thursday 16 September 2021

Internet payments can be made by using the details below and must be made **at least 3 days prior to the due date** to allow for the payment to show in the school account by the due date.

School's Bank Account Name: Gilston State School General
 BSB Number: 064-468 (CBA Branch)
 Account Number: 10012085
 Description of Payment: Enter student **EQ ID** as shown on invoice & excursion reference code **YR4 BIKE**

Payment Office/Window – Final Date for Payment – Thursday 16 September 2021 between 8:00am and 10:00am

Cash, eftpos and credit card payments can be made in person at the school payment window any Thursday and Friday between 8:00am and 10:00am.

Please note: no late payments will be accepted unless prior arrangements have been authorised by the Principal.

Activity Consent Form for Bicycle Safety

Consent

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent and return to the class teacher.

- 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, Training and Employment do not have personal accident insurance cover for students.
- I give consent for my child _____ (print child's name) in class _____ to participate in the activity detailed above.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: _____ (please print)

Parent/Carer's Signature: _____ Date: ____/____/____

Additional Medical Information

Does your child have any allergies or medical conditions? Yes / No (please circle)

Is your child currently taking medication? Yes / No (please circle)

If you have answered yes to any of the above, details are required if not already provided in writing and permission given to administer any medication.

The school collected medical information about your child at enrolment. This information is stored in our database. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.
