### Excursion Name
Wadjiny

### Date of Excursion
14/07/2016

### Time of Excursion
9.00 – 1.00

### Location of Excursion
School Hall

### Class / Year Level
Whole School

### Risk Level of Activity
Low / Medium / High / Extreme

### Excursion Activities/Purpose
NAIDOC

### Potential Hazards if applicable
N/A

### Transport Details
N/A

### Dress Requirements
N/A

### Other Requirements
N/A

### School Contact Person
Graeme Weatherburn

### Excursion Cost per Student
No payment required as this incursion is covered by your SRS (Student Resource Scheme)
Please return the consent form attached to your classroom teacher.

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**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.
Activity Consent Form for Wadjiny

Consent

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, 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.

☐ I agree to pay to the school the costs detailed above for my child’s participation in the activity.

☐ 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:_____/_____/2016

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.

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