**Excursion Name** | STARLAB | **Reference Code** | Starlab
---|---|---|---
**Date of Excursion** | Tuesday 4 till Thursday 6 October | **Time of Excursion** | Various class times 9:00am–3:00pm
**Location of Excursion** | School Hall | **Class / Year Level** | Whole School
**Risk Level of Activity** | Low / Medium / High / Extreme | **Excursion Activities/Purpose** | Science Activities
**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.

**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.

**Internet Payment – Final Date for Payment – Tuesday 6 September 2016**  
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 Robina)  
- **Account Number:** 10012085  
- **Description of Payment:** Enter student EQ ID as shown on invoice and excursion reference code **STARLAB**

**BPoint Payment – Final Date for Payment – Tuesday 6 September 2016**  
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.

**Credit Card Payment – Final Date for Payment – Friday 9 September 2016 prior to 11:00am**  
Credit card payments may be made at any time over the phone before 11:00am on the due date.

**Payment Office – Final Date for Payment – Friday 9 September 2016 between 8:00am and 11:00am**  
Cash payments can be made at the school payment office on Thursday and Friday between 8:00am and 11:00am.

Please note: no late payments will be accepted unless prior arrangements have been authorised by the Principal.
Activity Consent Form for Starlab

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