



# GILSTON STATE SCHOOL

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<b>Excursion Name</b>	<b>Swimming Carnival</b>	Reference Code	<b>Swim Carnival</b>
<b>Date of Excursion</b>	<b>Friday 7 December 2018</b>	Time of Excursion	<b>9:00am-2:30pm</b>
Location of Excursion	<b>All Saints Anglican School Merrimac</b>	Class / Year Level	<b>Year 4 to Year 6</b>
Risk Level of Activity	Low / Medium / <b>High</b> / Extreme		
Excursion Activities/Purpose	To display swimming skills in a competitive carnival with an opportunity to be selected in the school swim team.		
Potential Hazards if applicable	N/A		
Transport Details	Bus departs: 9:00am      Bus returns: 2:30pm Students are asked to arrive at their classrooms at 8:55am ready for 9:00am departure		
Dress Requirements	School Uniform		
Other Requirements	Swimmers, towel, swim cap, goggles, lunch (canteen will be available on the day for purchases)		
School Contact Person	Scott Stavar		
<b>Excursion Cost per Student</b>	<b>\$10.00 due by Thursday 22 November</b>		
<b>Attached Consent Form</b>	To be returned to classroom teacher by Thursday 22 November		

## 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 20 November 2018

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 and excursion reference code **CARNIVAL**

## BPoint Payment and QParents– Final Date for Payment – Tuesday 20 November 2018

BPoint and QParents 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.

## Payment Office – Final Date for Payment – Thursday 22 November between 8:00am and 10:00am

Cash, Eftpos and credit card payments can be made at the school payment office on 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 Swimming Carnival**

**Please return this Consent Form to the classroom teacher by Thursday 22 November 2018**

## **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.
- 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: \_\_\_\_/\_\_\_\_/2018

## **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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