**Excursion Name**
Year 5 Camp

**Date of Excursion**
Monday 12 June till Wednesday 14
June 2017

**Location of Excursion**
Tyalgum Ridge Retreat

**Time of Excursion**
9:15am – 12/06/2017
2:30pm – 14/06/2017

**Class / Year Level**
Year 5

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

**Excursion Activities/Purpose**
Team building skills, leadership opportunities, outdoor education program.

**Potential Hazards if applicable**
Water, sun exposure risks associated with activities.

(Protocols are established regarding risks associated with camp activities).

**Transport Details**
Bus departs: 9:15am  Bus returns: 2:30pm
Students are asked to arrive at their classrooms at 8:45am ready for 9:15am departure

**Dress Requirements**
T-Shirts, Shorts, Jumpers, Warm Pants, Hat, Swimwear & Rashie

**Other Requirements**
Jotter/Pencil, Sunscreen

**School Contact Person**
Erin Wheeler

**Excursion Cost per Student**
$200.00
Part payments can be made with final payment no later
due by 2 June 2017
than the due date. No late payments will be accepted – see
below for due dates

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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.

**Internet Payment – Final Date for Payment – Tuesday 30 May 2017**
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 TYALGUM

**BPoint and QParent Payments – Final Date for Payment – Tuesday 30 May 2017**
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 2 June 2017 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 2 June 2017 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 Year 5 Camp Tvalgum Ridge Retreat

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: _______/_______/2017

Additional Medical Information

Please complete the attached Medical and Consent Form and return to your child’s teacher as soon as possible.

If your child is placed on medication closer to the camp date, please contact the teacher with the updated information.