Excursion Name | YEAR 5 & 6 SPORTS GALA DAY | Reference Code | GALA DAY
---|---|---|---
Date of Excursion | Monday 10 September 2018 | Time of Excursion | 9:00am – 2:45pm
Location of Excursion | Firth Park Mudgeeraba | Class / Year Level | Year 5 & 6
Risk Level of Activity | Low / Medium / High / Extreme
Excursion Activities/Purpose | To participate in sport against other teams in a cooperative environment whilst observing rules of fair play
Potential Hazards if applicable | Sunburn
Transport Details | Bus departs: 9:15am  Bus returns: 2:45pm  Students are asked to arrive at their classrooms at 8:50am ready for 9:15am departure
Dress Requirements | School uniform and school hat
Other Requirements | Any sport specific gear eg: shin pads, mouth guard etc depending on the sport they are playing. Sensible/required shoes sunscreen and lunch.
School Contact Person | Mr Scott Stavar
Excursion Cost per Student | $6.00 due by Thursday 30 August | 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.

**Internet Payment – Final Date for Payment – Tuesday 28 August**
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 **GALA**

**BPPoint Payment and QParents – Final Date for Payment – Tuesday 28 August**
BPPoint 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 30 August 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 Year 5 & 6 Sports Gala Day

(Please return this page to the classroom teacher)

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: ______/_____/______

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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