



GILSTON STATE SCHOOL

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Gilston QLD 4211

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Excursion Name	Year 6 Leadership Day	Reference Code	Yr6 Leader
Date of Excursion	Friday 15 September 2017	Time of Excursion	9:00am – 3:00pm
Location of Excursion	Numinbah Valley Environmental Education Centre	Class / Year Level	Year 6 6N – 6S – 6E
Risk Level of Activity	Low / Medium / High / Extreme		
Excursion Activities/Purpose	Bushwalking, canoeing, team building, leadership skills		
Potential Hazards if applicable	Hazards associated with the above activities		
Transport Details	Bus departs: 9:00am Bus returns: 3:00pm Students are asked to arrive at their classrooms at 8:50am ready for 9:00am departure		
Dress Requirements	See attachment from Numinbah Valley Environmental Education Centre		
Other Requirements	See attachment from Numinbah Valley Environmental Education Centre		
School Contact Person	Mr David Preston (6E)		
Excursion Cost per Student	\$20.00 due by Thursday 31 August 2017	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 29 August 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 & excursion reference code **YR6 LEADER**

BPoint Payment – Final Date for Payment – Tuesday 29 August 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 – Thursday 31 August 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 – Thursday 31 August 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 6 Leadership Day

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: ____/____/2017

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.
