GILSTON STATE SCHOOL
588 Worongary Road
Gilston QLD 4211

Phone: 5501 2333   **Email: admin@gilstonss.eq.edu.au**   **Website: www.gilstonss.eq.edu.au**

Excursion Name	Swimming Carnival	Reference Code	Swim
Date of Excursion	**TUESDAY 28 NOVEMBER 2023**	Time of Excursion	**9:00am – 2:30pm**
Location of Excursion	**ALL SAINTS ANGLICAN SCHOOL MERRIMAC**	Class / Year Level	**Year 4 – Year 6**
Risk Level of Activity	Low / Medium / **High** / 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	Water safety		
Transport Details	Bus depart 9:00 am 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	**Swim caps are compulsory. No cap no swim** Swimmers, towel and goggles (recommended) Lunch- Canteen will be available for pre-orders, please see form attached.		
School Contact Person	Scott Stavar – HPE Teacher		
Excursion Cost per Student	**Nil** **P&C will be funding the bus costs. GSS will be funding the entry fee.**	**Attached Consent Form** To be returned to classroom teacher by Tuesday 21 November 2023.	

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.

Activity Consent Form for Swimming Carnival

Consent

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent and return to the class teacher.

☐ 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.

☐ I give consent for my child's name to be given to businesses visited during this activity in compliance with Queensland Chief Health Officer's **Restrictions on Businesses, Activities and Undertakings Direction (No. 4) (or its successor).** If a student's parent/carer does not provide consent via the activity consent form, or by other means that will allow the school and venue to comply with COVID Safe Industry Plans, the student will be unable to participate.

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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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