



# GILSTON STATE SCHOOL

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Excursion Name	Year 6 Camp CYC	Reference Code	Y6 CYC
Date of Excursion	Wednesday 29 November till Friday 1 December 2023	Time of Excursion	9:00am Wednesday – 2:30pm Friday
Location of Excursion	CYC CAMP BURLEIGH	Class / Year Level	Year 6
Transport Details	Bus depart 9:30am Bus returns 2:30pm Students are asked to arrive at the Tuckshop at 9:00am ready for 9:30am departure.		
Dress Requirements	This will be sent out prior to camp.		
CYC Consent Forms- to be completed by Monday 9 October	CYC Camp details link <a href="https://book.venue.life/cycburleigh/register/1420-year-6-camp">https://book.venue.life/cycburleigh/register/1420-year-6-camp</a> to complete information about your child's dietary requirements, medical information and swimming ability. CYC Assumption of risk- Please complete attached <i>'assumption of risk'</i> form and return to Classroom Teacher.		
School Contact Person	Year 6 Classroom Teacher		
Excursion Cost per Student	\$320.00 due by Friday 17 November 2023	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.

## BPoint - QParents & Credit Card Payment – Friday 17 November 2023

BPoint and, QParents payments, including credit card over the phone 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.

## Internet Payment – Final Date for Payment – Friday 17 November 2023

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 (Commonwealth Bank Australia)  
Account Number: 10012085  
Description of Payment: Enter student EQ ID as shown on invoice & excursion reference code **Y6 CYC**

## Payment Office/Window – Final Date for Payment – Friday 17 November between 8:00am and 10:00am

Cash, eftpos and credit card payments can be made in person at the school payment window any 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 RISK LEVEL PERMISSION FORM – PLEASE RETURN TO CLASSROOM TEACHER

On this camp, students will be participating in dragon boating, body boarding, initiative games, raft building and beach night walking. Please see below for the risk level of each activity. Once read if you agree to your child participating in the activity, please sign.

Risk Level of Activity	Low / Medium / <b>High</b> / Extreme
Excursion Activities/Purpose	<b>Free swim</b> - Qualified staff supervising the activity, conditions monitored
Parent/Carer sign	I agree for my child to participate in this activity _____

Risk Level of Activity	Low / Medium / <b>High</b> / Extreme
Excursion Activities/Purpose	<b>Beach night walk</b> - Qualified staff supervising the activity
Parent/Carer sign	I agree for my child to participate in this activity _____

Risk Level of Activity	Low / <b>Medium</b> / High / Extreme
Excursion Activities/Purpose	<b>Initiative games</b> - Qualified staff supervising the activity
Parent/Carer sign	I agree for my child to participate in this activity _____

Risk Level of Activity	Low / Medium / <b>High</b> / Extreme
Excursion Activities/Purpose	<b>Body boarding</b> - Qualified staff supervising the activity, equipment checked, conditions monitored
Parent/Carer sign	I agree for my child to participate in this activity _____

Risk Level of Activity	Low / Medium / <b>High</b> / Extreme
Excursion Activities/Purpose	<b>Dragon boating</b> - Qualified staff supervising the activity, equipment checked, conditions monitored
Parent/Carer sign	I agree for my child to participate in this activity _____

Risk Level of Activity	Low / Medium / <b>High</b> / Extreme
Excursion Activities/Purpose	<b>Raft building</b> - Qualified staff supervising the activity, equipment checked, conditions monitored
Parent/Carer sign	I agree for my child to participate in this activity _____

## Activity Consent Form for Year 6 Camp CYC Burleigh- Return to Classroom Teacher

### 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.

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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