

15th February 2022

Dear Parent/Carer

Your child is invited to participate in the excursion/activity detailed below. If you wish for your child to participate in the activity, please complete and return the Permission Slip and attached Student Medical Information Form to the teacher named below by the payment due date.

Excursion Details:	Year 11 – Health Camp			
Excursion Outcomes:	Over Semester 1, Year 11 Health Education students are studying a unit that examines Personal Resilience. To enable students to learn outside the classroom and complete their assessment, they will be attending a four-day camp at Maroon Outdoor Education Centre. During the camp students will participate in a range of activities to investigate 'building resilience from challenges'.			
Excursion Location:	Maroon Outdoor Education Centre			
Activity date:	Mon 1 st – Thurs 4 th August 2022	Departure time:	7.30am	Return time: 2.45pm
Proposed activities:	Camping, canoeing, low/high ropes, hiking, leap of faith and a range team building activities.			
Risk Level of Activity:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input checked="" type="checkbox"/>	Extreme <input type="checkbox"/>
Risk management strategies:	All activities are run by MOEC staff and appropriate risk assessment will be adhered to.			
Any precautions to be taken:	Students will need to bring raincoat, sunscreen, water bottle, hat and appropriate footwear for walking. See packing list for further details.			
Teacher Name:	Miss Austin, Miss Passmore, Mr Williams			
Method of Transport:	Bus <input checked="" type="checkbox"/>	Train <input type="checkbox"/>	Own transport <input type="checkbox"/>	*Other:
Dress code:	Students will need to wear t-shirts and appropriate length shorts for outdoor activities. See packing list for more information.			
Responsible Behaviour Plan details:	Benowa State High School's Student Code of Conduct applies to all components of the event. Please refer to details on school website . A camp specific Code of Conduct will be issued before departure that will be signed by students and parents. Please note that the school reserves the right to select students who are considered suitable for this activity based on prior behaviour and performance at school.			
Medical requirements:	If your child has a medical condition, please ensure you complete the attached medical permission (attached) any information relevant to students/children with medical requirements (e.g. due to conditions such as diabetes, asthma, travel sickness, allergies or anaphylaxis)			

Costs: Students invited to participate in the activity will receive an invoice by email detailing payment information. *Please note: payments made for February dates will be automatically transferred to these new dates. Please advise ASAP if your student is no longer attending.*

Cost:	\$310	Payment due date:	Friday 17th June 2022
Pay by BPoint	BPOINT www.bpoint.com.au/payments/dete (access via any computer or smart phone) or phone 1300 631 073 using your CRN Number and Invoice number on the Invoice.		
<i>A reminder that before a student can be considered for participation in an optional school activity (excursion, incursion, school camp or sporting activity), all overdue invoices must be paid up to date.</i>			
Payment not made by the due date or permission forms not returned by the due date may result in your son/daughter missing out on this activity. Please be aware that there are NO REFUNDS for students once payment has been made as bookings have been secured for nominated numbers.			

Yours faithfully

Shannon Austin
Excursion Coordinator

Ian Hutchison
Head of Department

Mark Rickard
Executive Principal

Benowa State High School Activity Consent Form – Yr 11 Health Camp 1st – 4th August 2022

Privacy notice

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named child/student to participate in the named off-site activity;
- help coordinate the off-site activity;
- respond to any injury or medical condition that may arise during or as a result of the off-site activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, 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 the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child/student, _____ in House Group: _____, to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for my child's participation in the activity.
- I understand that before my student can be considered for participation in this activity, their Student Resource Scheme fees must be paid up to date.
- I agree to and understand the refund policy as it applies to this excursion (see Activity costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant Queensland Chief Health Officer's Directions.

Parent/Carer's name: _____ (Please print)

Parent/Carer signature: _____ Date: ____/____/____

Additional medical information

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

You may also wish to update/provide the following optional information*:

Name of child/student's medical practitioner: _____ Telephone No.: _____

Medicare No.:									
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Private Health Insurance Company (if applicable): _____

Membership No.: _____

*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

I would like this additional information about my child's medical information to be recorded in OneSchool records.

*Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.

Benowa State High School

STUDENT MEDICAL INFORMATION

Name: _____ Date Of Birth: _____ House Group: _____

In case of emergency:

Mother's Contact Number: _____ Father's Contact Number: _____

If parent unavailable, emergency contact name: _____

Mobile Number: _____ Work Phone Number: _____

PROBLEMS		DETAILS
HEART PROBLEMS	YES / NO	
RESPIRATORY e.g. ASTHMA	YES / NO	
ALLERGIES	YES / NO	
Food		
Drug		
Ointments		
Other		
DIABETES	YES / NO	
BLOOD PRESSURE	YES / NO	
RECENT OPERATIONS	YES / NO	
EPILEPSY	YES / NO	
RECENT ILLNESS	YES / NO	
PHOBIAS	YES / NO	
BACK, BONE, JOINT PROBLEMS	YES / NO	
VEGETARIAN, VEGAN, GLUTEN FREE	YES / NO	
OTHER (Including allergies)	YES / NO	

Date of last Tetanus booster: _____

Medication currently being taken: Please give details of any medication required to be taken by the student including dosage, frequency and any doctor's instructions. (Please complete the administration of routine-short term-medication form as found on the school website):

Please give details of any problems - medical or physical – that may limit your student's full participation in any activity, including any food restrictions:

Parent/Carer's name: _____ (Please print)

Parent/Carer's signature: _____ Date: _____

Privacy Statement: The Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be used or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.