

Super 5 Volleyball Competition – Caloundra, September 15

Dear Parents / Guardians,

Benowa High has been invited to participate in Volleyball Tournament to be held at the Caloundra Indoor Stadium, competing against students from Craigslea, Burnside, Caloundra and Shailer Park. These are all very highly credentialed volleyball schools and this tournament is a great opportunity for our teams to get challenging match practice as a lead-up to both the Senior and Junior Schools Cup events.

Details for the day are as follows:-

Date: Sunday, 15 September, 2019
Transport: Hired coach, driver by Imperial bus services.
Depart: Benowa SHS at 6:30 a.m. (Students to be at Benowa Rd bus stop no later than 6:20 am)
Return: Benowa SHS at approximately 8:30pm. Students will contact home when passing Dream World
Venue: Caloundra Indoor Stadium, North St, Caloundra (an excellent 6 court stadium with canteen and first aid room)
Format: Round Robin (each team will have at least 4 games). Games played to a 1 hour time limit.
Food: Canteen available at venue, or bring own food and drink.
Cost: **TOTAL \$ 40.00** (includes team nomination and bus hire). **Please pay by Wednesday, 4 September.**
Permission/Medical forms can be returned to Miss Passmore.

Payments can be made easily by clicking on the BPOINT link at the bottom of the invoice, invoices will be emailed home to fee-paying parents. Alternatively, payments may be made through internet banking using the following information:

Bank: Commonwealth Bank of Australia
Account Name: Benowa SHS General Account
BSB Number: 064 - 430
Account Number: 00090630
Reference Details: Student ID number and the reference code (e.g.: 010101 10 Geography).

Please be aware that all outstanding money owing to the school must be paid or arrangements made to pay, prior to your student attending any school excursion. Internet payments will **close 3 working days** prior to the payment due date listed above. This will ensure that all internet payments are received and processed prior to the closing date of the excursion. Should you have any concerns regarding this please contact our Business Services Manager, Gavin Hutson. **Please note that the Department of Education, Training and the Arts does not have Personal Accident Insurance cover for students.**

If you require further information please contact Ashley Passmore at school on 5582 7386.

Sincerely,

Ashley Passmore
HPE Teacher

Ian Hutchison
HOD Health & Physical Education

Mark Rickard
Executive Principal

PERMISSION AND MEDICAL FORM

(Please return this form to Miss Passmore by 04/09/2018)

I give permission for my student House Group to attend Super 5 on Sunday 15 September travelling by bus to and from Caloundra Indoor Stadium. I acknowledge that the Department of Education, Training and Employment does not have Personal Accident Insurance cover for students. I have listed any medical condition/s, medication or special dietary requirements the school needs to be made aware of for this excursion.

Parent/Guardian signature:..... Date:.....
Photos may be taken at this event to be published in the school newsletter/magazine. Please indicate below if your consent is NOT given for this.....

MEDICAL FORM

NAME OF STUDENTHouse Group:.....AGE.....
HOME ADDRESS..... POSTCODE.....
EMERGENCY TELEPHONE (M).....(W).....
Is medication required during the time teachers will assume responsibility of your student? YES / NO
(If YES please complete the table below):
Medical problem:
Medication:..... Dosage:.....
When to be taken:.....

AGREEMENT BY PARENT OR GUARDIAN

I agree to delegate my authority to the teachers in charge of the excursion and should the need arise:
a) I authorise the Officer-in-Charge on the day to obtain medical attention for my student/s at his/her discretion in the event of illness or injury.
b) I agree to pay the fees for such pharmaceutical supplies which may occur as a result of medical advice.
c) I further authorise qualified practitioners to administer anaesthetic or blood transfusions if the necessity arises.
d) I am aware of the type of activities that my child shall be participating in.
e) I certify that to the best of my knowledge my student/s has not been in contact with any infectious disease for the past four weeks and that they are not suffering from scabies, impetigo or other ailments likely to be detrimental to other members of the camp/excursion.

***The information given here is not intended to stop students participating.
Awareness is important for the well-being of the student.***

Respiratory problems	YES / NO	Sugar Diabetes	YES / NO
Asthma	YES / NO	Blood Pressure	YES / NO
Recent operations	YES / NO	Epilepsy	YES / NO
Allergies:	YES / NO	Travel Sickness	YES / NO
Food	YES / NO	Recent illness	YES / NO
Drugs	YES / NO	Seasickness	YES / NO
Ointments	YES / NO	Heart problems	YES / NO
Drugs required	YES / NO	Phobias	YES / NO
Drug reaction	YES / NO	Injections (e.g. Tetanus)	YES / NO

If Yes, please list.....
Is there anything the supervising teachers should know that may help them in case of emergency?
YES / NO.....
To the best of my knowledge the above information is correct:

Parent/Guardian Name Parent/Guardian signature Date