



Excursion consent form – **Excel Growth Bounce**

Privacy Statement

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 excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- update school records where necessary.

The information will only be accessed by authorised departmental 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](#).

During Term 4 we will be travelling to the **Bounce trampoline Park** (the excursion) as part of our **Excel Growth Program**.

The aims of the excursion is **to participate in trampoline activities**.

Location / Venue	Bounce Burleigh Heads				
Organising Teacher	Marnie Goodwin		Attending Staff	Marnie Goodwin	
Excursion Date	Wednesday Per 5 2/10 to 13/11	Risk Level	High	Excursion Code	751931
Meeting Time	12.45pm		Return Time	2.30pm	
Meeting Place	F11 for roll marking then School Bus stop		Transport	Buses are fitted with seatbelts it is now a requirement that passengers must use them	
What to bring	Water Bottle, socks will be given out on the first jump day				
Uniform	Sport Uniform		Meals	NA	
Cost	\$160.00 (\$85 sessions + \$75 bus cost non refundable)		Payment due by	13 th September	

Elanora SHS Student Code of Conduct, Sun Safe (hat) and Mobile Phone Policy will apply for this activity.

If you wish for your child to participate in the activity, please complete this consent form and return to Student Services. You can retain this page for your own information.

For further information about the activity, please contact us on 07 5568 4333

Rochelle Lewis
Principal
Elanora State High School

Sharon Jones
Sports Co-Ordinator



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Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer 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 excursion (including any attached material)
- I am aware that the department does not have personal accident insurance cover for children/students.
- I give consent for the named child/student, _____ <insert child's/student's name> to participate in the identified excursion.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion 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 child/student contact information to be shared in relation to this excursion in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for this excursion	Name:		
	Phone number/s:		

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.: _____

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 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.**

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/school-excursions-and-international-school-study-tours-procedure> to ensure you have the most current version of this document.

