January 30 2017

Dear Parents

Year 5 students will be visiting Peace Haven Park, Kuhl’s Road, Highfields, participating in the Amaroo Environmental Education Centre’s program ‘Awesome Adaptations’. This program is linked to the year five Science Curriculum and the curriculum priority of ‘Sustainability’.

The timetable will be:

- 5A- Tuesday, February 28, 2017 - Depart 9:00am, return 3:00pm
- 5B/5C- Wednesday, March 1, 2017- Depart 9:00am, return 3:00pm
- 5D/5E- Thursday, March 2, 2017- Depart 9:00am, return 3:00pm

Students are to wear their uniforms, footwear suitable for bushwalking and a wide brimmed hat must be worn. Students will need to bring their morning tea, lunch and a water bottle.

The cost of the excursion is $15 per student. This includes admission and transport costs. The payment envelope attached is to be returned to the office by Friday, February 10. No late payments will be accepted.

Please complete and sign the permission slip below and return it to the class teacher by Friday, February 10.

Yours Sincerely

Graeme Lacey
Principal

Year 5 Amaroo Excursion

By signing this form (below) I agree that:

- 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 and Training does not have personal accident insurance cover for students.
- I give consent for my child, ____________________________ in Class ________, to participate in the Year 5 Amaroo Excursion as listed.
- I will pay to the school the costs detailed above for my child’s participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.
- I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child’s medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer Name: ____________________________ Parent/Carer Signature: ____________________________

Date: ________ / ________ / ________

Please turn over →
Privacy Notice

The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:
- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

Please note that the Department of Education and Training does not have personal accident insurance cover for 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 be 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.

Additional medical information

The school collected medical information about your child at 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 provide the following information*:

Name of child's medical practitioner: __________________________ Telephone No.: __________________________
Medicare No.: __________________________
Private Health Insurance Company (if applicable): __________________________ Membership No.: __________________________

*If an enrolment form for your child has been completed or updated since October 2012 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.