



Beautesert State High School


Excursion Information for Parents/Guardians

Dear Parent/Guardian

This is to advise you that our school is planning an educational activity. The details are as follows:

Activity title:	Year 12 Biology Field Study		
Purpose of the activity:	Mandated experiments and field data gathering		
Name of teacher coordinating:	Amy Bentley/ Kerrie Gray		
Subject areas involved:	Science/ Biology	Year level/s 12	
Itinerary:	<p>6:45 am Meet at Bus Turn Around 7:00 am Leave Bus Turn Around 8:00am Receive briefing from staff at Horizon Shores Marina and board 'Educat' 8:15 am Depart for SeaWorld, Southport. 8:30am Morning Tea while in transit 9:30am Arrive at SeaWorld, Southport to collect Abiotic data and A.R.M.S evaluation. 11:30 am Depart for Couran Cove, Lunch in transit 12:15 pm Arrive at Couran Cove, South Stradbroke Island to collect Abiotic data and A.R.M.S evaluation. 2:15 pm Depart Couran Cove for return to Horizon Shores Marina 3:15pm Board bus to return to school</p>		
Date of departure and Return:	16/04/2024- BIO121C 18/04/2024- BIO121B 19/04/2024- BIO121A Time of Departure: see note above		
Mode of transport:	School Buses- Driven by Miss Bentley and Miss Mann		
Times:	Depart 7:00 am and Return 5:00 pm on each day		
Point of return:	Bus Turnaround		
Cost per student:	\$45.00 per student	Payment due: 28/03/2024	
Reference Code:	IA2 Biology Excursion		
Activities involved:	Biological experimentation and data gathering for assessment		
Meal Arrangements	<input checked="" type="checkbox"/> Students to bring own lunch <input type="checkbox"/> Healthy food provided/purchased <input type="checkbox"/> Food to be purchased		
Student Dress	<input type="checkbox"/> Full dress uniform <input type="checkbox"/> Sport Uniform <input checked="" type="checkbox"/> Other		
Excursion	<input checked="" type="checkbox"/> Compulsory <input type="checkbox"/> Optional		
Students need to bring:	Lace-up shoes and a hat, backpack with liter-less lunch, drink bottle, insect repellent, change of clothes, medication (sea sickness medication may be needed), spare shoes, a bag to take home muddy clothes, camera, sunscreen.		

Please note the above details and retain for your information.



Amy Bentley

07/03/24

Date



Damien Burke



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM EVENT: Year 12 Biology Field Study

Student's Name:	
Form Class:	
Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in this Information Sheet? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medicare Number (MUST BE COMPLETED)	_____

MEDICAL		YES/NO	PLEASE PROVIDE DETAILS				
Current Tetanus Vaccination (within 10 yrs)		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Heart Problems		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Respiratory Problems - eg - Asthma		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Allergies		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Blood Pressure		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Operations		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Epilepsy		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Recent Illness		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Medication Required		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Drug Reaction - eg - Penicillin Allergy		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Diabetes		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Other – eg - Phobias etc.		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Swimming Ability		Please circle	Poor	Fair	Good	Very Good	Excellent
Emergency Contact:	Name:	Address:					
Home Phone No.		Emergency Phone No:					

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.
- I give consent for the named child/student, _____ **<insert child's name>** to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity.
- 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](#).

Signed:.....(Parent/Caregiver) Name:.....(Parent/Caregiver) Date: