



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:	<u>Blocked - Drama Performance</u>		
Purpose of the activity:	Students to view and respond to live theatre.		
Name of teacher coordinating:	Courtney de Leon		
Subject areas involved:	Drama/Stage Production	Year levels: 7-12	
Itinerary:	Students to assemble in PA Gallery at 8.50am for roll marking and general notices. Students then enter PA01 at 9am for the performance. The performance will end in time for morning tea.		
Date:	Monday 8 th September Time: 8.50am - 10.20am (GCT and Period 1)		
Cost per student:	\$10	Payment due: Monday 8 th September	
Reference Code:	Blocked		
Activities involved:	Students to view a live theatre production.		
Excursion	<input checked="" type="checkbox"/> Compulsory <input type="checkbox"/> Optional		
Students need to bring:	A water bottle.		

Please note the above details and retain for your information. Please return the Parent Consent form and payment to the office **by 08/09/2025**

Courtney de Leon

Date of issue

Damien Burke, Principal



Beautesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Excursion Name: Blocked - Drama Performance

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		
Travel Sickness	<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		
Bed-wetting	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Emergency Contact:	Name:		Address:	
Home Phone No.			Emergency Phone No:	

As parent/caregiver ofI,
give my consent for him/her to participate in **Blocked - Drama Performance** and agree to delegate my authority to the teachers involved.

Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually, in the abovementioned activity. An Activity Risk Assessment for this activity has been undertaken.

I also authorise the teachers to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

I submit the following medical information about the above student and include details of limitations, which he/she has for the activity concerned.

I acknowledge that the Department of Education and Training does not have personal accident insurance cover for students.

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

Date:

BEAUDESERT STATE HIGH SCHOOL PAYMENT OPTIONS

QParent:

- Pay a student's invoice securely through the QParent app using your credit/debit card. Payment through QParent app can be made 24 hours a day, 7 days a week.

BPOINT:

- Credit/debit card payment. Allows you to pay excursions 24 hours a day, 7 days a week. Access BPoint through direct hyperlink on emailed invoices and statements or our website www.beaudeseshs.eq.edu.au or 1300 631 073.

PAYING BY INTERNET BANKING: ONLY AVAILABLE FOR AMOUNTS OVER \$10

- Bank Account Name: Beaudesert State High School General A/C
BSB Number: 064-400 (CBA Branch Beaudesert)
Account Number: 00090023
Reference/Details: Please record both "**Student No (on Student ID card) AND Reference Code**" in the reference/details section so that your payment can be recorded correctly. **If insufficient details are supplied, payments will be applied to the oldest debt for that Family/Customer.**

PAYING BY MAIL:

- Cheques and Money Orders made payable to Beaudesert SHS and returned with completed Payment Advice below.
- Post to Beaudesert State High School, PO Box 104, Beaudesert Qld 4285

PAYING IN PERSON:

- Payment can be made at the cashier's office on Monday, Tuesday & Thursday between 8:00am and 12:00 noon.
- Credit Card and Debit Cards (EFTPOS), Cash, Cheques and Money Orders are accepted.
- *We do NOT accept American Express or Diners Cards*

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PAYMENT ADVICE

The section below is destroyed after processing of the bank reconciliation which contains this payment. We cannot hold details for future payments

STUDENT'S NAME: _____ STUDENT ID: _____

AMOUNT PAID: _____ REFERENCE CODE: _____ DATE: _____

PAYMENT TYPE: ☐ CASH ☐ EFTPOS ☐ INTERNET ☐ CHEQUE ☐ CENTREPAY

Please return to: Beaudesert State High School
PO Box 104, Beaudesert Qld 4285
Phone: 07 5542 9111 Fax: 07 5542 9100