



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:	Dance Team Workshop		
Purpose of the activity:	To finalise and rehearse routines to be performance ready		
Name of teacher coordinating:	Mrs Wuersching		
Subject areas involved:	Junior and Senior Dance Team	Year level/s:	all
Itinerary:	Period 1 and 2 - Contemporary focus Period 3 and 4 - Jazz focus		
Date of departure:	17th April 2024		
Mode of transport:	NA		
Cost per student:	NA	Payment due:	NA
Reference Code:	(See attached form for payment options)		
Activities involved:	Warm up, technique and rehearsal		
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 checked="" type="checkbox"/> Sport Uniform <input type="checkbox"/> Other		
Excursion	<input checked="" type="checkbox"/> Compulsory <input type="checkbox"/> Optional		
Students need to bring:	Students may bring leggings to change into to rehearse only.		

Please note the above details and retain for your information. Please return the Parent Consent form and payment to PA staffroom by 17th April 2024.

Gemma Wuersching
HOD - Arts/IT

26/03/2024
Date of issue

Damien Burke
Principal



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

EVENT: Dance Team Workshop

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: