



Beaudesert 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:	GOMA APT Excursion		
Purpose of the activity:	Visiting the 'APT exhibition		
Name of teacher coordinating:	Niki Wiperi		
Subject areas involved:	Visual Art	Year level/s:	10, 11, 12
Itinerary:	Bus to GOMA visiting the APT exhibition and return		
Payment due by:	19.02.2025		
Date of departure:	25.02.2025		
Cost Per Student:	\$15		
Reference Code	GOMA25 (See attached form for payment options)		
Mode of transport:	School Bus		
Activities involved:	Visiting QAGGOMA to engage in Visual Art activities and the exhibition and lunch at South Bank		
Meal Arrangements	<input checked="" type="checkbox"/> Students to bring own lunch <input type="checkbox"/> Healthy food provided/purchased <input checked="" type="checkbox"/> Food to be purchased		
Student Dress	<input checked="" type="checkbox"/> Full dress uniform <input type="checkbox"/> Sport Uniform <input type="checkbox"/> Other		
Excursion	<input type="checkbox"/> Compulsory <input checked="" type="checkbox"/> Optional		
Students need to bring:	Water, food, pen, notebook and hat.		

Please note the above details and retain for your information. Please return the Parent Consent form and payment to the office by 18.2.2025

Niki Wiperi

29.01.2025
Date of issue

Damien Burke, Principal



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

EVENT: GOMA APT Excursion

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, _____ 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:

