



# Beautesert State High School

## Excursion Information for Parents/Guardians

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Dear Parent/Guardian

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

Activity title:	Rugby League Gala Day Metro Finals 2025		
Purpose of the activity:	Rugby League		
Name of teacher coordinating:	Todd McCarron		
Subject areas involved:	HPE/Sport	Year level/s: 11/12	
Venue:	Centenary Lakes State High School		
Dates of departure:	4 <sup>th</sup> September 2025		
Time of Departure:	09:00		
Mode of transport:	Bus		
Time and point of Return:	Beautesert State High School 4:30PM		
Cost per student:	\$15.00		
Activities involved:	Bus Travel and entry fees for Gala day event		
Student Dress	<input checked="" type="checkbox"/> Full dress uniform <input type="checkbox"/> Sport Uniform <input checked="" type="checkbox"/> Bring Training shirt and playing shorts and socks		
Excursion	<input checked="" type="checkbox"/> Compulsory <input type="checkbox"/> Optional		
Students need to bring:	Hat, water, boots, shorts, socks, mouthguard (mandatory) head gear (recommended) Lunch		

Please note the above details and retain for your information. Please return the Parent Consent form to your Academy teacher by 28/08/25.

\_\_\_\_\_  
Brendan Rayner

28/08/25  
Date of issue

\_\_\_\_\_  
Damien Burke, Principal



# Beaudesert State High School Consent Form

## THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

EVENT: FSCC Rugby League Games

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		
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: .....