



# 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:	Heron Island Year 10 Science Extension Camp		
Purpose of the activity:	Learn Marine Biology on the Great Barrier Reef		
Name of teacher coordinating:	Mr Scott Elkerton		
Subject areas involved:	Science	Year level/s: 10	
Itinerary:	<b>Snorkelling Practice - Chandler Pool</b> Wednesday 30 <sup>th</sup> July 2025 from 9:00am to 3.00pm <b>Mode of Transport: Bus</b> <hr/> <b>The University of Queensland - Heron Island Research Station</b> Saturday 9 <sup>th</sup> August 2025 - Friday 15 <sup>th</sup> August 2025 Departure: 10.00pm Bus turnaround Beautesert SHS Return: 10.00pm Bus turnaround Beautesert SHS Mode of transport: - Bus to and from Gladstone Marina Catamaran to and from Heron Island		
Date of departure:	Saturday 9 <sup>th</sup> August 2025 10pm		
Mode of transport:	Bus		
Cost per student:	\$1400 + own wetsuit	Payment due: 5 <sup>th</sup> August 2025	
Reference Code:	HERON (See attached form for payment options)		
Activities involved:	Reef Walking, Snorkeling, Research		
Meal Arrangements	<input type="checkbox"/> Students to bring own lunch <input checked="" 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 type="checkbox"/> Compulsory <input checked="" type="checkbox"/> Optional		
Students need to bring:	Equipment list to be provided to students at a further date		

Please note the above details and retain for your information. Please return the Parent Consent form and payment to the office by 5<sup>th</sup> August 2025

Mr Scott Elkerton

24/6/25  
Date of issue

Rob Wonson, Acting Principal



# Beaudesert State High School Consent Form

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

**EVENT:** Heron Island Science Extension Camp

<b>Student's Name:</b>	
<b>Form Class:</b>	
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	
<b>Medicare Number (MUST BE COMPLETED)</b>	_____

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
<b>Emergency Contact:</b>	<b>Name:</b>	<b>Address:</b>					
<b>Home Phone No.</b>		<b>Emergency Phone No:</b>					

### 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: .....

# 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.

### Qkr

Pay a student's invoice securely through the Qkr app using your credit/debit card. Payment through Qkr 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](http://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 11:15am.
- Credit Card and Debit Cards (EFTPOS), Cash, Cheques and Money Orders are accepted.
- *We do NOT accept American Express or Diners Cards*

✂.....

### 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: HERON 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