



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:	Queensland Beach Volleyball Schools Cup		
Purpose of the activity:	Volleyball Competition		
Name of teacher coordinating:	Zach Glover & Maddy Steinhardt		
Subject areas involved:	SPORT	Year level/s:	9-11
Itinerary:	Students to compete for 2 days in beach volleyball Location: Coolangatta Beach, Gold Coast		
Date & Time of departure:	27 th -28 th July, 2025 Time of Departure: TBA - Via email (Waiting on the draw)		
Mode of transport:	Own transport Sunday 27 th July Bus transport from school Monday 28 th July		
Point of return:	Beautesert State High School		
Cost per student:	\$31	Payment due:	18/07/25
Activities involved:	Volleyball		
Reference Code:	BEACH25		
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 type="checkbox"/> Full dress uniform <input checked="" type="checkbox"/> Sport Uniform <input type="checkbox"/> Other		
Excursion	<input type="checkbox"/> Compulsory <input checked="" type="checkbox"/> Optional		
Students need to bring:	Students must wear their full formal uniform to and from the event as per academy contract. Sports Uniform, appropriate footwear, water bottle, food		

Please note the above details and retain for your information. Please return the Parent Consent form and payment to the office by 5/3/25

Maddy Steinhardt, Coordinator

25/07/25
Date of issue

Damien Burke, Principal



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM EVENT: Beach Volleyball Schools Cup

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, _____ 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:

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 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:** BEACHVOL **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