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:	SWELL Festival 2025	
Purpose of the activity:	Visiting SWELL festival and sculptures along the beach	
Name of teacher coordinating:	Niki Wiperi	
Subject areas involved:	Visual Art	Year level/s: 10, 11,12
Itinerary:	Bus to Currumbin to walk through the Swell Festival along the beach and return via bus	
Date of departure:	18.09.2025	
Mode of transport:	Bus	
Cost per student:	$15	Payment due: 8.09.2023
Reference Code:	SWELL25	
Activities involved:	Walking along the beach going through the gallery	
Meal Arrangements	☒ Students to bring own lunch ☐ Healthy food provided/purchased ☐ Food to be purchased	
Student Dress	☒ Full dress uniform ☒ Sport Uniform ☐ Other	
Excursion	☐ Compulsory ☒ Optional	
Students need to bring:	Hat, Water, Sunscreen and lunch	

Please note the above details and retain for your information. Please return the Parent Consent form and payment to the office by 8.09.2025

_____	1.08.25	_____
Niki Wiperi	Date of issue	Damien Burke, Principal

Beaudesert State High School
Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

EVENT: SWELL Festival 2025

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? ❒ YES ❒ NO	
Medicare Number *(MUST BE COMPLETED)*	____ ____ ____ ____ ____ ____ ____ ____ ____ ____

MEDICAL	YES/NO		PLEASE PROVIDE DETAILS
Current Tetanus Vaccination (within 10 yrs)	❒ YES	❒ NO	
Heart Problems	❒ YES	❒ NO	
Respiratory Problems - eg - Asthma	❒ YES	❒ NO	
Allergies	❒ YES	❒ NO	
Blood Pressure	❒ YES	❒ NO	
Operations	❒ YES	❒ NO	
Epilepsy	❒ YES	❒ NO	
Recent Illness	❒ YES	❒ NO	
Medication Required	❒ YES	❒ NO	
Drug Reaction - eg - Penicillin Allergy	❒ YES	❒ NO	
Diabetes	❒ YES	❒ NO	
Other – eg - Phobias etc.	❒ YES	❒ 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: ……

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.
  https://qkr-store.qkrschool.com/store/#/home

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 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*

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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:**_____**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