



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:	Logan Secondary School Band Workshop Browns Plains State High School - Performing Arts Centre	
Purpose of the activity:	This 2-day band workshop gives selected (Level 3 and above) instrumental music students the opportunity to consolidate their knowledge and performance skills through intensive instruction with students from neighboring schools.	
Name of teacher coordinating:	Mrs Jane Kruger	
Subject areas involved:	Concert Band	Year level/s: all
Itinerary:	Tuesday 16 April 2024 7.45am - Bus departs Beautesert State High School 8.45am - Arrive at Browns Plains State High School 9.00am - Band workshop 2.30pm - Bus departs Browns Plains State High School 3.30pm - Bus arrives at Beautesert State High School.	
	Wednesday 17 April 2024 7.45am - Bus departs Beautesert State High School 8.45am - Arrive at Browns Plains State High School 9.00am - Band workshop 2.00pm - Concert for parents/carers 2.30pm - Parents/carers who attend concert may sign their child out and take them home. Other students depart on bus. 3.30pm - Bus arrives at Beautesert State High School.	
Date and time of arrival:	Tuesday 16 April and Wednesday 17 April 2024 Bus departs 7.45am both days Participating students must attend both days (illness excepted).	
Mode of transport:	School bus	
Cost per student:	FREE	Payment due: N/A
Reference Code:	N/A	
Activities involved:	Concert Band workshop with other secondary schools.	
Meal Arrangements	Students to bring their own morning tea, lunch and a bottle of water each day. Tuckshop facilities will not be available.	

Student Dress		<input checked="" type="checkbox"/> Full dress uniform or Day uniform	<input type="checkbox"/> Sport Uniform	<input type="checkbox"/> Other
Excursion		<input type="checkbox"/> Compulsory	<input checked="" type="checkbox"/> Optional	
Students need to bring:		Instrument, music folder, pencil, eraser, spare reeds/oils as required. Percussion students to bring a pair of drum sticks. Please clearly label all personal belongings with student's name and school.		

Please note the above details and retain for your information. Please return the Parent Consent form to the office by Tuesday 19 March 2024. Due to the registration process, late permission notes cannot be accepted.

Jane Kruger, Instrumental Music

Date of issue

Damien Burke, Principal



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

EVENT: Instrumental Music - Logan Secondary Schools Band Workshop

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: