

## 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:	Combined Schools Instrumental Music Concert Beaudesert State High School and Beaudesert State School					
Purpose of the activity:	Students to perform repertoire learnt to family and friends.					
Name of teacher coordinating:	Tamara Royan and Jane Kruger					
Subject areas involved:	Instrumental Music Strings and Band Year level/s: all					
Itinerary:	Music performance					
	Tuesday 4 June 2024					
Date and time of arrival:	Students to arrive by 4.30pm for warm-up and tuning in PA03. Concert starts at 5.00pm in PA01.					
Mode of transport:	Private					
Cost per student:	FREE Payment due: NA					
Reference Code: N	IA					
Activities involved:	Students to perform repertoire to audience.					
Meal Arrangements	No food provided - students to either eat prior to arrival or after completion					
Student Dress	□ Full dress uniform □ Sport Uniform □ Other					
Excursion						
Students need to bring:	Instrument, Music, Water Bottle					
Please note the above details and r payment to the office by Friday 31	retain for your information. Please return the Parent Consent form and May 2024					
Tamara Royan, Jane Kruger Simon Francis	Date of issue Damien Burke, Principal					



**EVENT:** 

Health Officer's Directions.

Signed:....(Parent/Caregiver)

## Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Beaudesert SHS and Beaudesert SS Term 2 Concert

Student's Name:								
Form Class:								
Is there any medica	al or psychological reason to p	prevent you	ır child from part	ticipating	in any	of the ac	ctivities outlin	ned in this
Information Sheet?	☐ YES ☐ NO							
Medicare Number (	MUST BE COMPLETED)	_						
MEDICAL		Y	ES/NO	Pl	_EASE	<b>PROV</b>	IDE DET	AILS
Current Tetanus Vacci	nation (within 10 yrs)	☐ YES	□ №					
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	Name:	l	Address:	<u>I</u>				
Contact:								
Home Phone No.			Emergency Phor	ne No:				
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Name:.....( Parent/Caregiver) Date: .....