



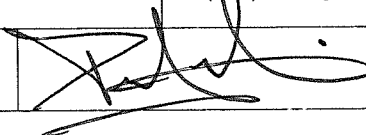
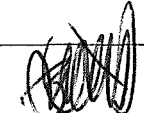
Goondiwindi State High School

DETAILS OF EDUCATIONAL EXCURSION PARENT INFORMATION

(RETAIN THIS PAGE FOR YOUR INFORMATION)

Dear Parent/Guardian

The following information provides an outline of an out of school activity being organised for your student. Please feel free to contact the school (Ph 07 46700 333) if you have any concerns about this activity.

Type of Outing:	Year 9 Camp		
Date/s:	Tuesday 19 July – 22 July 2022		
Class/Year/Level:	Year 9		
Destination:	Christian Youth Camp (CYC) 22 Rudd Street, Burleigh Heads Ph 07 5535 1324		
Purpose of Outing:	Social Integration		
Activities Undertaken by Students:	Stand up paddle boarding, Surfing, Kayaking, Beach Walks and games at campsite		
Risk Management:	Please complete CYC Burleigh risk and dietary form		
Transport/Accommodation:	Crisps Coaches		
Departure Time:	5.00am		
Returning Time:	6.00pm		
Contact during Activity:	Phill Jenkins (0413 337 047)		
Actual Cost: Direct Deposit Details Goondiwindi State High School BSB: 064-415 a/c: 00090114	\$350.00 Payment due in full by Wednesday 13 July 2022		
Students are required to bring:	As per attached packing list		
Meals:	Provided		
Dress required:	As per packing list		
Teacher Signature:		Principal Signature:	



Goondiwindi State High School

DETAILS OF EDUCATIONAL EXCURSION PARENT INFORMATION

(RETAIN THIS PAGE FOR YOUR INFORMATION)

Excursion/Camp Refund Policy

- Refunds are only given to students in extenuating circumstances, this may be due to illness, (a medical certificate must be provided), prior commitments etc. **A drop of behaviour level or students changing their mind are not valid reasons for a refund.**
- Refunds will not be made where the debtor has any other outstanding invoices or accounts. If a refund is approved this will be applied as credit to their account.
- Any deposits for excursions or activities are deemed non refundable and therefore will not be considered for refund.
- Any request for a refund must be notified to the Business Manager within two weeks of the completion of the excursion or event. A Request for Refund application form must be completed, these are available from the office.
- Approved refunds will be made to the parents/carers by direct deposit into the nominated bank account. All payments made by Credit Card will be credited back to the original credit card.
- Any and all requests for refund must be approved by the Principal, prior to processing



Excursion Name: Year 9 Camp

Date: 19 – 22 July 2022

Teacher: Mr Phill Jenkins

Return by: Wednesday 13 July 2022

CONSENT FORM - THIS SECTION TO BE RETURNED TO THE SCHOOL

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for 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/guardian. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/guardians. It is up to all parents/guardians to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

By signing this consent form I agree that:

- 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 my child, _____, of HB _____ to participate in the identified activity
- I will pay to the school the costs detailed in this consent form for my child's participation in the activity (if applicable)
- I agree to and understand the refund policy as it applies to this excursion
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's 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 student's medical or physical needs on 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.

Parent/Caregiver Information	Name:		
	Phone Number:		
	Email Address:		
	Signature:		Date:

Please complete next page

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No: _____

Private Health Insurance Company (if applicable): _____

Membership No: _____

My child has a medical condition that may impact their safety in this activity:

Yes

No

MEDICAL FORM	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	
Travel Sickness	<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	
Bed-wetting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Previous & Current Injuries/Illnesses			
Other Emergency Contact:	Name:		
	Emergency Phone No:		

Privacy notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain consent for the named student to participate in the named activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

Where applicable, the information is being collected in accordance with section 102 of the Education and Care Services National Regulations and the Education and Care Services Regulation 2013 (Qld).

The information will only be accessed by authorised departmental staff and stored securely. The information will be dealt with in accordance with the confidentiality requirements of, as applicable, section 426 Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cth). The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so eg in compliance with relevant Queensland Chief Health Officer's Directions.

INDIVIDUAL DIETARY SUMMARY

Please summarise your child's/your key dietary requirements below. Please note that whilst all reasonable care and communication in relation to the production of safe meals will be undertaken, our kitchen and products from our kitchen are not guaranteed to be 100% allergy free. CYC reserves the right to choose which meals it will prepare. All guests eat at their own risk..

GROUP NAME _____ ARRIVAL DATE _____

GUEST'S NAME _____ GENDER MALE/FEMALE AGE _____

PARENT/CAREGIVER'S NAME _____ CONTACT PHONE _____
If guest is under 18

Please complete as accurately as possible

DOES YOUR CHILD/DO YOU HAVE ANY DIETARY REQUIREMENTS? NO YES (If yes, please complete the section below)

Are your child's/your dietary requirements:

- Critical (life threatening)
- Serious (non-life threatening but medically relevant)
- Lifestyle choice

My child/I has/have an allergy/intolerance to (please tick ALL relevant boxes):

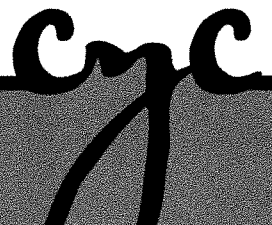
<input type="checkbox"/> GLUTEN <input type="checkbox"/> Barley <input type="checkbox"/> Rye <input type="checkbox"/> Oats <input type="checkbox"/> Wheat <input type="checkbox"/> SUGAR <input type="checkbox"/> Fructose <input type="checkbox"/> Sugar substitutes	<input type="checkbox"/> DAIRY <input type="checkbox"/> Lactose <input type="checkbox"/> Milk Solids <input type="checkbox"/> Whey/powder <input type="checkbox"/> Casein/ate	<input type="checkbox"/> MEATS <input type="checkbox"/> Beef <input type="checkbox"/> Lamb <input type="checkbox"/> Chicken <input type="checkbox"/> Pork	<input type="checkbox"/> SALICYLATES <input type="checkbox"/> Tomatoes <input type="checkbox"/> Onions <input type="checkbox"/> Capsicum <input type="checkbox"/> Oranges <input type="checkbox"/> Berries <input type="checkbox"/> Spices <input type="checkbox"/> Other	<input type="checkbox"/> NUTS <input type="checkbox"/> Peanuts <input type="checkbox"/> Treenuts	<input type="checkbox"/> EGG <input type="checkbox"/> Whole egg <input type="checkbox"/> In baking	<input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Soy	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> Garlic <input type="checkbox"/> Rice <input type="checkbox"/> Corn <input type="checkbox"/> Fat
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Are products labelled "may contain traces of..." acceptable for your child/you? Yes No

OTHER (please specify)

FOR GROUP LEADER USE ONLY

All individual dietary requests are to be summarised on the GROUP DIETARY SUMMARY form and submitted to CYC no later than 14 days prior to your stay.



ASSUMPTION OF RISK – SCHOOL GROUPS

1. All reference to the 'CYC BURLEIGH' in this form means the CHRISTIAN YOUTH COUNCIL ABN 21 483 597 481 trading as CYC BURLEIGH of 22 Rudd Street, Burleigh Heads, 4220 in the State of Queensland.
2. All reference to 'centre' in this form means CYC BURLEIGH's centre located at 22 Rudd Street, Burleigh Heads, 4220 in the State of Queensland.
3. All reference to 'facility' in this form means a facility accessed, arranged, provided, supplied, used or utilized by CYC BURLEIGH in the provision of an activity, program and/ or service to the GUEST regardless of the location of the facility and regardless of whether or not such facility is owned, controlled, run or maintained by CYC BURLEIGH or any other party.
4. All reference to 'site' in this form means a site accessed, arranged, provided, supplied, used or utilized by CYC BURLEIGH in the provision of an activity, program and/ or service to the GUEST regardless of the location of the site and regardless of whether or not such site is owned, controlled, run or maintained by CYC BURLEIGH or any other party.
5. All reference to 'equipment' in this form means equipment (in any form) arranged, provided, delivered, supplied, used or utilized by CYC BURLEIGH in the provision of an activity, program and/ or service to the GUEST regardless of whether or not such equipment is owned, controlled, run or maintained by CYC BURLEIGH or any other party.
6. All reference to 'service' within this form means a service provided, arranged, delivered or supplied by CYC BURLEIGH to or for the GUEST regardless of the location of the service and regardless of whether or not the service is owned, controlled, run or maintained by CYC BURLEIGH or any other party.
7. All reference to 'program' within this form means a program provided, arranged, delivered or supplied by CYC BURLEIGH to or for the GUEST regardless of the location of the program and regardless of whether or not the program is owned, controlled, run or maintained by CYC BURLEIGH or any other party.
8. All reference to 'activity' within this form is taken to mean an activity provided, arranged, delivered or supplied by CYC BURLEIGH to or for the GUEST regardless of the location of the activity and regardless of whether or not the activity is owned, controlled, run or maintained by CYC BURLEIGH or any other party.
9. All reference to 'GUEST' in this form means the person named in the 'NAME OF GUEST' section of this form.
10. Where the GUEST has not attained the age of 18 years this form is required to be completed by a parent or legal guardian of the GUEST.
11. The GUEST may disclose to CYC BURLEIGH any pre-existing medical or other condition that may affect the risk of the GUEST or any other person suffering injury, loss or damage.
12. The GUEST acknowledges that CYC BURLEIGH relies on the information provided by the GUEST in the provision of its services, and the GUEST states that all information is accurate and complete.
13. The GUEST understands, acknowledges and accepts that by travelling to and/ or from and/ or accessing or attending at the centre or a site, and/ or receiving or participating in a service, program and/or activity, and/or using or utilizing a facility and/ or equipment that the GUEST may be exposed to danger and risk which could cause death, personal injury, psychological trauma, loss or damage (including property damage and/ or financial loss) ('harm').
14. The GUEST understands, acknowledges and accepts that when travelling to and/ or from and/ or accessing or attending at the centre or a site, and/ or receiving or participating in a service, program and/ or activity, and/or using or utilizing a facility and/ or equipment that the GUEST does so in view of the potential or prospective risk and danger of harm and therefore does so at the GUEST'S own risk.
15. Without limiting the operation or effect of clause 13 or clause 14 in this Assumption of Risk form and furthermore without limiting the nature, type or description of any service, program and/ or activity which may be dangerous and/ or involve risk capable of causing harm to be suffered by the GUEST, the GUEST understands, acknowledges and accepts that they may participate or engage in the following activities offered by the CYC BURLEIGH which may be dangerous or involve risk capable of causing harm to be suffered by the GUEST:

<ul style="list-style-type: none"> • Surfing; • Tubing; • Stand Up Paddle Boarding; • Canoeing; • Karaoke Night; • Beach Cycling; • Rock Climbing/Abseiling; • Snorkeling; • Body Boarding; • Initiative Games; • Beach Games; • Movie Night; • Surf Rafting; • Hiking; • Rock Walk; • Mini surf Carnival; 	<ul style="list-style-type: none"> • Raft Building; • Dance Night; • Inflatable Equipment; • Archery; • Dragon Boating; • Amazing Race; • Fishing; • Free Swim; • Caving; • High Ropes; • Low Ropes; • Mountain Biking; • Indoor Games; • Trivia Night; and • Night Beach Walk
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16. The GUEST agrees with the CYC BURLEIGH that the GUEST will obey and will comply with all the rules and directions made or given by CYC BURLEIGH in connection with a service, program and/ or activity. If the GUEST fails to comply with CYC BURLEIGH's rules or directions in this respect, the GUEST will not be permitted to continue with the service, activity or program, and no refund will be given.
17. The GUEST agrees to indemnify CYC BURLEIGH against all claims, actions, suits or demands made by any other person against CYC BURLEIGH in respect of death, injury, illness, loss or damage (including property damage and/ or financial loss) arising out of or in connection with the GUEST'S failure to comply with CYC BURLEIGH'S rule or directions.
18. The GUEST agrees and acknowledges, to the extent permitted by law, that CYC BURLEIGH shall not be liable for any death, injury, illness, loss or damage (including property damage and/ or financial loss) suffered by the GUEST or by any person arising from or in connection with the GUEST travelling to and/ or from and/ or accessing or attending at the centre or a site, and/ or receiving or participating in a service, program and/or activity, and/or using or utilizing a facility and/ or equipment including but not limited to where such death, injury, loss or damage (including property damage and/ or financial loss) was caused directly or indirectly by the negligence of CYC BURLEIGH or otherwise, or by CYC BURLEIGH's servants, agents, volunteers or employees. The GUEST hereby releases CYC BURLEIGH from all such claims and indemnifies CYC BURLEIGH against all claims, actions, suits or demands made by or on behalf of any other persons.



19. To the extent permitted by the law the GUEST acknowledges and agrees that all warrants, covenants and stipulations are hereby excluded.
20. All accidents, injuries, loss or damages must be reported by the GUEST to CYC BURLEIGH immediately.
21. If the GUEST suffers any injury or illness, the GUEST agrees that CYC BURLEIGH's may in its sole and absolute discretion provide evacuation, First Aid and medical treatment at the GUEST'S expense and the GUEST'S acceptance of these terms and conditions constitutes the GUEST'S consent to such evacuation, first aid and/or medical treatment.
22. The GUEST agrees to compensate CYC BURLEIGH for any loss or damage (including property damage and/ or financial loss) that may be caused to equipment while being used by the GUEST.

ALL SECTIONS BELOW MUST BE COMPLETED – PLEASE PRINT CLEARLY

Name of GUEST: _____ Date of Birth of GUEST: _____
Address of GUEST: _____ Suburb: _____
State: _____ Post Code: _____
School name: _____

I have read, understood and agree to the terms of this Assumption of Risk Form

GUEST Signature: _____ Date: _____
Name of Parent/ Legal
Guardian of GUEST* _____
Signature of Parent/ Legal
Guardian of GUEST* _____ Date: _____

* Required to be completed ONLY if GUEST is under 18 years of age

Year 9 Camp - what to bring

Please bring	Please don't bring
<ul style="list-style-type: none"> • Enough clothes for the duration of the program (shorts, shirts, long pants, warm jumper, underwear, pyjamas, swimming togs and board shorts) • Skins/bike pant type shorts to be worn under board shorts. These prevent chaffing when walking to and from activities • 1 x beach towel • 1 x bath towel • Soap, toothbrush, toothpaste • Washer, Shampoo and conditioner • Personal prescribed medication • Insect repellent and sunscreen (no aerosols) • 1 x pair closed-in shoes (for walking/dry land) • 1 x pair closed-in shoes (for water) – thongs or other non-closed in shoes are not acceptable • 1 x pair casual footwear (thongs) – worn around the centre in non-activity time and into the shower • Suitable hat • Board shorts • 1 x fitted sheet • 1 x pillow and pillow and case • 1 x sleeping bag/blanket 	<ul style="list-style-type: none"> • Mobile phones • Ipods • Ipads • Chewing gum • Jewellery • Singlet/midrift tops and short shorts are unsuitable • No aerosols – roll-on, pump or gel instead

IMPORTANT NOTES

- It is advised not to bring expensive clothing or shoes due to the nature of the activities undertaken.
- Students must wear sun smart clothing – no singlets
- Asthmatics using puffers must keep it with them at all times
- Please advise of any dietary special dietary requirements
- Medication to be handed into staff
- Please advise of any non-swimmers- this must be forwarded onto CYC staff so that they can provide life jackets for activities