



Goondiwindi State High School



DETAILS OF EDUCATIONAL EXCURSION PARENT INFORMATION

(RETAIN THIS PAGE FOR YOUR INFORMATION)

Dear Parent/Caregiver

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

Mrs Nina Jobling

Type of Outing:	Year 11 Leadership Camp		
School Department organising Outing:	Goondiwindi State High School		
Date/s:	Sunday 20 th August 2017 to Friday 25 th August 2017		
Class/Year/Level:	Year 11		
Destination:	Maroon Outdoor Education Centre – Maroon Dam Rd, Maroon		
Purpose of Outing:	To develop self-awareness, teamwork and leadership skills. To cultivate a sense of purpose and responsibility about being a member of the senior year at GSHS.		
Activities Undertaken by Students:	Includes activities such as: Low and high rope challenges, climbing wall, canoeing, hiking 2 night campout experience		
Transport:	Bus to Maroon Outdoor Education Centre and Return to Goondiwindi		
Departure Time:	2.00 pm Sunday August 20 th	From: Goondiwindi State High School	
Returning Time:	3.00 pm Friday August 25 th	To: Goondiwindi State High School	
Contact for Parent/Caregiver during Activity:	Mrs Jobling or Maroon OECD		
Actual Cost:	\$175 and spending money for 1 dinner and 1 lunch meal while travelling		
Direct Deposit Details: Goondiwindi State High School BSB: 064 415 Ac No: 00090114	Medical & Consent forms plus \$55 Minimum Deposit Due : 9 June 2017 \$60 Minimum Payment 2 Due: 23 June 2017 \$60 Minimum Payment 3 Due: 28 July 2017		
Students are required to bring:	See attached clothing and equipment list		
Meals:	All meals are included apart from the travel meals stated above		
Dress required:	Casual – appropriate for the activities – see equipment and clothing list		
Teacher Signature:		Principal Signature:	



Goondiwindi State High School

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Excursion Name: Year 11 Camp Teacher: Mrs Jobling

If you would like your child to attend please return this *form and money to the office by Friday 9 June 2017*

Student's Name:			Date of Birth:	
Assembly Group:		Student Mobile No. (if applicable)		
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) <i>Please include students position number on card</i>	_____ / _____			
Details of Private Health Fund if applicable	Name of Fund:		Membership Number:	

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	
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		
Emergency Contact:	Name:	Address:
Home Phone No.		Emergency Phone No:

As parent/caregiver ofI,

give my consent for him/her to participate in **Year 11 Camp at MOEC** and agree to delegate my authority to the teachers involved.

Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually, in the abovementioned activity. An Activity Risk Assessment for this activity has been undertaken.

I also authorise the teachers to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

I submit the following medical information about the above student and include details of limitations, which he/she has for the activity concerned.

I acknowledge that the Department of Education, Training and the Arts does not have personal accident insurance cover for students.

Signed:.....(Parent/Caregiver)

Date: