



WORONGARY STATE SCHOOL

Delta Cove Drive
Worongary QLD 4211

Telephone: (07) 5502 4444

Email: office@worongaryss.eq.edu.au

Facsimile: (07) 5502 4400

Website: www.worongaryss.eq.edu.au

Excursion Name	Year 6 Emu Gully Camp 2023	Reference Code:	Yr6Camp2023
Date of Excursion	Monday 19 to Wednesday 21 June 2023 (2 nights)	Time of Excursion	Depart 9am 19 June Arrive 2.40pm 21 June
Location of Excursion	Emu Gully Adventure Camp 128 Twindales Road, Helidon Spa	Class / Year Level	All Year 6 students
Excursion Activities/Purpose	School Camp	Risk Level of Activity	High
Activities to be undertaken	School Camp Activities	Dress Code	Free Dress
Potential Hazards if applicable (strategies to be implemented)	Students swimming will be wearing life jackets.		
Transport Details	Bus departs: 9am Bus returns: 2.40pm Students are asked to arrive at their classrooms at 8:40am ready for 9:00am departure.		
COVID 19 Requirements	STUDENTS WHO ARE EXHIBITING COLD OR FLU-LIKE SYMPTOMS, OR THOSE WHO HAVE BEEN IN A DECLARED COVID-19 HOTSPOT OR OVERSEAS IN THE 14 DAYS PRIOR TO WILL NOT BE PERMITTED TO ATTEND.		
Other Requirements	List of 'what to bring' and Medical information will be sent home closer to the time of camp		
School Contact Person	Gemma Williamson		
Excursion Cost per Student	\$315	No late payments will be accepted – see below for due dates	

PLEASE NOTE: NO LATE PAYMENTS WILL BE ACCEPTED – SEE BELOW FOR MORE INFORMATION

PREFERRED PAYMENT IS BPOINT SEE INVOICE FOR DETAILS ON HOW TO PAY

Internet, QParents and BPoint Payments – Final Date for Payment Tuesday 13th June 2023

Payments made via QParents and BPoint close 3 days prior to the cash due date to allow for bank processing times.

Internet payments can be made by using the details below and must be made at least 3 days prior to the due date to allow for the payment to show in the school account by the due date:

School's Bank Account Name: Worongary State Primary School General
BSB Number: 064-451
Account Number: 10012741
Description of Payment: Enter first five letters of students surname *space* first three letters of their given name *space* excursion reference code (e.g. **Smith Jan YR3CURRUMBIN**)

Payment Office (Cash and Credit Card) – Final Date for Payment Tuesday 13th June 2023 between 8:00am and 10:00am

Cash and credit card payments can be made at the school payment office on Tuesday and Friday between 8:00am and 10:00am.

As the school budget cannot meet any shortfalls in funding for an extra-curricular activity due to the subsequent non-participation of a student who had previously indicated attendance of the activity, fees already paid for an extra-curricular activity may be refunded in full or in part or not at all, having regard to the associated expenses incurred and the circumstances of the non-participation.

Please note the following:

- The bus component of an excursion will **not be refunded**.
- Refunds **will not** be approved for change of mind reasons.
- Refund requests due to illness need to have supporting documentation i.e. medical certificate.
- Requests for refunds of **\$20.00 or less** will be issued as a credit on the student's school account and used to offset any future invoices.

If a parent wishes to apply for a refund due to their child's non-participation in an extra-curricular activity, they may do so by completing a **Request for Refund** form available from the school office. Where possible, the request should include the receipt relating to the payment for which a refund is being sought.



Activity Consent Form for Year 6 Emu Gully Adventure Camp

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, _____ Class _____ 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](#).

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:

Additional medical information

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

You may also wish to update/provide the following optional information#:

Name of child/student's medical practitioner: _____ Telephone No.: _____
 Medicare No.: _____
 Private Health Insurance Company (if applicable): _____ Membership No.: _____

#If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

I would like this additional information to be recorded in OneSchool records.

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

Privacy Statement

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

- obtain consent for the named child/student to participate in the named off-site activity;
- help coordinate the off-site activity;
- respond to any injury or medical condition that may arise during or as a result of the off-site 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 of the 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 e.g. in compliance with relevant [Queensland Chief Health Officer's Directions](#).