



## EXCURSION CONSENT FORM – ALL SCHOOLS OZ TAG – 25 JULY TO 27 JULY 2025

**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
- update school records where necessary

The information will only be accessed by authorised departmental staff. 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.

From 25 July to 27 July 2025, selected students will compete in the All Schools Oz Tag competition at Sunshine Coast Stadium, 120 Nicklin Way, Kawana Waters. Activity details as follows:

Students	Selected Year 4, 5 and 6 students
Destination	120 Nicklin Way, Kawana Waters
Main activity	Oz Tag
Inherent risk level	Medium
Adjustments required to be made?	As per Risk Assessment & Excursion Planner on OneSchool. Training schedule also included in excursion planner.
Start time	7.00am
Finish time	7.30pm approx.
Transport	Private transport
Total cost per student	<b>\$60 payment due by 3pm on Monday 21 July 2025</b> - EQs preferred payment method is online via BPOINT (Invoice / QParents / Phone) - late payments will not be accepted unless prior arrangements have been made with Admin
If you wish your student to participate in this activity	Complete and return Consent Form + Student Medical Information Form, to Mr Mathieson by payment date.
Teachers Attending	William Johnstson (Coach) Garth Mathieson (Manager), Annalyn Llewlllyn (Manager)
Uniform	A uniform will be issued and is to be returned after the last game of the season. If the uniform is not returned or is damaged, a <b>\$50</b> cost will be billed to the family for a replacement uniform.
Refund Policy	The school budget cannot meet any shortfalls in funding for an activity due to the subsequent non- participation of a student. For students who have previously indicated attendance of the activity, and who have already paid, <b>may be refunded in full or in part or not at all</b> , having regard to the associated expenses incurred and the circumstances of the non-participation and pending Principal approval. Refund Policy, can be viewed on school website.
Student Code of Conduct	Student's behaviour is expected to be in line with our Responsible Behaviour Plan for Students, which can be viewed on the school website.

The following items marked with a ✓ are required for excursion

<input checked="" type="checkbox"/> School uniform	<input checked="" type="checkbox"/> water bottle	<input type="checkbox"/> Raincoat / jumper if necessary
<input checked="" type="checkbox"/> Closed in shoes	<input checked="" type="checkbox"/> Morning tea	<input type="checkbox"/> Sunscreen – initially applied at home

For further information, email coordinator Garth Mathieson ([PE@scarboroughss.eq.edu.au](mailto:PE@scarboroughss.eq.edu.au)) or phone 34803333.

William Johnstson  
Principal

**EXCURSION CONSENT FORM – ALL SCHOOLS OZ TAG – 25 JULY TO 27 JULY 2025****Activity risks and insurance**

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer 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 excursion (including any attached material)
- I am aware that the department does not have personal accident insurance cover for children/students.
- I give consent for the named child/student, \_\_\_\_\_ in class \_\_\_\_\_ to participate in the identified excursion.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion 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 child/student contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions.

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for this excursion	Name:		
	Phone number/s:		

**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 excursion 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.: \_\_\_\_\_

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

# Scarborough State School

## Student Medical Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Roll Class: \_\_\_\_\_ Year Level: \_\_\_\_\_

### **In case of emergency**

Home Phone Number \_\_\_\_\_  
Parent/Carer contact number \_\_\_\_\_  
Parent/Carer contact number \_\_\_\_\_

### **If parent is unavailable**

Emergency Contact Name \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_

<b>PROBLEMS</b>			<b>DETAILS</b>
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food	YES / NO	
	Drug	YES / NO	
	Ointment	YES / NO	
	Other	YES / NO	
DIABETES		YES / NO	
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	
PHOBIAS		YES / NO	
BACK, BONE, JOINT PROBLEMS		YES / NO	
OTHER (including allergies)		YES / NO	

**Date of last Tetanus booster:** \_\_\_\_\_

**Medication currently being taken:** Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give details of any **problems (medical or physical)**, which would limit your student's full participation in any activity, including any food restrictions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Medical insurance details of Medicare Cardholders**

Name: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Additional Health Insurance: ☐ Yes ☐ No

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Independent Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement:** The Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only, be accessed by persons authorised by the Department. It will not be used or disclosed to any other person or agency unless you have given permission, it is required by law, or it is in the best interests of your child's health and welfare.