



EXCURSION CONSENT FORM – REPTILE ADVENTURES – Tuesday 10 March 2026

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 excursion;
- help co-ordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- 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](#).

On Tuesday 10 March 2026, Year 5 students will be participating in a hands-on presentation from Reptile Adventures as part of our Science Unit. During the 60 minute session, students will explore how different adaptations are suited to different environments; identify how different physical and behavioural traits of animals help them survive; recognise that some living things can adapt to environmental changes, for example drought; investigate why the ability to adapt is crucial to survival; and identifying the basic needs and requirements of each reptile and how they live in an environment which meets these needs.

Excursion details:

Class/es	Year 5 students (5A, 5B, 5C, 5D and 5E)
Destination	Scarborough State School Hall.
Main activity	For students to gain a greater understanding that living things have structural and behavioural features and adaptations that help them to survive in their environment.
Inherent risk level	Low
Are there any adjustments required?	As per OneSchool Risk Assessment and Excursion Planner.
Departure time	8:45am
Return time	3:00pm
Transport	N/A
Total cost per student	\$10 payment due by 3.00pm on Friday 6 March 2026. - EQs preferred payment method is online via BPOINT using the invoice number; in person at the school Office; phone for further options. - Students WILL NOT be permitted to attend the activity if payment is not made by the due date (unless prior arrangements have been made with Administration).
If you wish your student to participate in this excursion	Please make payment, and complete and return consent form to class teacher by due date.
Teacher/s attending	Miss Browne, Miss Sigley, Ms Connors, Miss Spencer, Mr Sloman
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, payment 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 and pending Principal approval. The school's Refund Policy can be viewed on the 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.
Volunteers required	N/A
Excursion Co-ordinator	For further information, email William Sloman (wslom2@eq.edu.au) or phone 3480 3333.

Please select which of the following items are required for the excursion:

- | | | | | | |
|-----------------|-------------------------------------|--------------|-------------------------------------|--|--------------------------|
| School Uniform | <input checked="" type="checkbox"/> | Water Bottle | <input checked="" type="checkbox"/> | Raincoat/Jumper (if necessary) | <input type="checkbox"/> |
| Closed-in Shoes | <input checked="" type="checkbox"/> | Morning Tea | <input checked="" type="checkbox"/> | Sunscreen (Initially applied at home) | <input type="checkbox"/> |
| Hat | <input type="checkbox"/> | Lunch | <input checked="" type="checkbox"/> | Insect Repellent (initially applied at home) | <input type="checkbox"/> |

William Johnston
Principal



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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 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 the duration of 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.**