



## EXCURSION CONSENT FORM – Year 5 Camp FINAL PAYMENT - Maranatha Recreation Camp - Wednesday 9 September to Friday 11 September 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](#).

From 9 -11 September 2026, we will be attending the Year 5 Camp at Maranatha Recreation Camp. The aim of the camp is for students to experience a range of activities, to continue to develop leadership and team/group skills as well as individual skills such as resilience and perseverance. Activity details are Mid Ropes Course, Tower of Tremble, Pool Sports, Rocket Ball, Bridge Building and Bush Skills.

Please note:

- All outstanding invoice payments, including SRS, Maths Pathway, Music, Library, Excursions, are required to be finalised prior to acceptance of final camp payment.
- Refer to attached list of items required for camp.
- Please read medical requirements carefully as all medication must be prescribed by a doctor and labelled correctly, **including Panadol, Eye Drops, Antibiotics etc.**

### Excursion details:

Class/es	Participating Year 5 Students
Destination	Maranatha Recreation Camp, 275 Wappa Falls Rd, Yandina
Main Activity	Students will participate in a number of physical activities which may include Mid Ropes, Tower of Tremble, Pool Sports, Rocket Ball, Bridge Building and Bush Skills.
Inherent Risk Level	Medium – all activities are supervised and conducted by trained instructors
Are there any adjustments required?	As per OneSchool Risk Assessment and Excursion Planner
Departure Time	7.30am - Wednesday 9 September - meet teachers under H Block.
Return Time	2.30pm - Friday 12 September - students can be picked from the front of the school.
Transport	Bus
Total Cost Per Student	<b>\$265</b> payment due by 3.00pm on <b>Friday 28 August 2026</b> - EQ's 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 excursion 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 your class teacher by 28 August 2026.
Teacher/s Attending	Mr Johnston, Miss Browne, Ms. Sigley, Mrs Paewai, Mr Sloman, Miss Spencer, other staff to be confirmed.
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>payment 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. The school's Refund Policy can be viewed on the school website.
Student Code of Conduct	Students' behaviour is expected to be in line with our Responsible Behaviour Plan for Students, which can be viewed on the school website.
Excursion Co-ordinator	For further information, email Dianne Spencer (dburn42@eq.edu.au) or phone 3480 3333.

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](#).

<b>Parent/Carer/Student*</b>	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
<b>Emergency contact information for the duration of this excursion</b>	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.

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**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.**

# Student Medical Information – Scarborough State School – Department of Education

**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 \_\_\_\_\_

PROBLEMS			DETAILS
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	

**Dietary Requirements:**

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

**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.