



Beaudesert State High School

Excursion Information for Parents/Guardians

Dear Parent/Guardian

This is to advise you that our school is planning an educational activity. The details are as follows.

Activity title:	Queensland All Schools Touch Football Championship	
Purpose of the activity:	Compete against best schools in QLD to be named Qld Champion. Competition is held at White's Hill Reserve, Camp Hill.	
Name of teacher coordinating:	Ashlee Mitchell	
Subject areas involved:	SPORT	Year level/s 7 - 12
Itinerary:	Travel to White's Hill Reserve to play in a round robin and knockout competition.	
Date of departure:	04/10/17 Time of Departure: 6.00 am 05/10/17 Time of departure: 6.00 am 07/10/17 Time of departure: 7:00 am (Own transport) 08/10/17 Finals day - TBA	
Mode of transport:	Bus - Wednesday and Thursday Own Transport - Saturday and Sunday	
Date of return:	04/10/17 Time of Return: 5.00 pm 05/10/17 Time of Return: 4.00 pm 07/10/17 Time of Return: 8.30 pm	
Cost per student:	\$30	Payment due: 12/09/17
Activities involved:	Touch Football	
Meal Arrangements	Students bring own lunch or money to purchase it.	
Student Dress	<input type="checkbox"/> Full dress uniform <input type="checkbox"/> Sport Uniform <input checked="" type="checkbox"/> Other: Touch uniform	
Excursion	<input type="checkbox"/> Compulsory <input checked="" type="checkbox"/> Optional	
Students need to bring:	Touch uniform (navy bike pants or shorts), drink bottle, hat, sunscreen, lunch and or money	

Please note the above details and retain for your information. Please return the Parent Consent form to the D-block Staffroom by 12/09/17.

Ashlee Mitchell

Date of issue

Alan Smith, Principal



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Excursion Name: Queensland All Schools Touch Football Championships

If you would like your child to attend please return this form to the D-block Staffroom before school or at morning tea by 12/09/17.

NB Finance closed Wednesday.

Student's Name:	
Form Class:	
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)	_____ Exp: ____ / ____

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, Recent injuries, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Contact:	Name:	Address:
Home Phone No.		Emergency Phone No:

As parent/caregiver of, I,give my consent for him/her to participate in 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 and Training does not have personal accident insurance cover for students.

I acknowledged that my child will need to be at the school prior to 8.00am and will return after 3:10pm on Wednesday 4th October 2017 and Thursday 5th October 2017 in order to participate in this activity

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

Date:

BEAUDESERT STATE HIGH SCHOOL PAYMENT OPTIONS

PAYING BY INTERNET BANKING: Direct Payment into School Bank Account

- Bank Account Name: Beaudesert State High School General A/C
- BSB Number: 064-400 (CBA Branch Beaudesert)
- Account Number: 00090023
- Reference/Details: Please record both **“Student No (on Student ID card) AND Reference Code”** in the reference/details section so that your payment can be recorded correctly. **If insufficient details are supplied, payments will be applied to the oldest debt for that Family/Customer.**

PAYING BY PHONE: Payment by Credit Card ONLY

- Call the school on 07 5542 9111, Monday, Tuesday, Thursday & Friday between 8:00am and 12:00 noon
- Please have the account and your credit card details with you when you call.
- VISA and MasterCard accepted.

PAYING BY MAIL: Payment by Credit Card, Cheque or Money Order

- Credit Card details completed on the Payment Advice below.
- Cheques and Money Orders made payable to Beaudesert SHS and returned with completed Payment Advice below.
- Post to Beaudesert State High School, PO Box 104, Beaudesert Qld 4285

PAYING IN PERSON: Payment by Credit Card, EFTPOS, Cash, Cheque or Money Order

- Payment can be made at the cashier’s office on Monday, Tuesday, Thursday & Friday between 8:00am and 12:00 noon.
- Credit Card and Debit Cards (EFTPOS), Cash, Cheques and Money Orders are accepted.
- We do NOT accept American Express or Diners Cards



PAYMENT ADVICE

The section below is destroyed after processing of the bank reconciliation which contains this payment
We cannot hold details for future payments

STUDENT’S NAME: _____ **STUDENT ID:** _____

AMOUNT PAID: _____ **REFERENCE CODE:** _____ All Schools _____ **DATE:** _____

PAYMENT TYPE: CASH EFTPOS INTERNET CHEQUE CREDIT CARD

CARD TYPE: VISA MASTERCARD

CREDIT CARD NUMBER:

(Please ensure that all sixteen numbers are entered)

EXPIRY DATE:

 /

CARDHOLDERS NAME (as it appear on card) : _____

Please return to: Beaudesert State High School
PO Box 104, Beaudesert Qld 4285
Phone: 07 5542 9111 Fax: 07 5542 9100

