



Beauesert 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:	Responsible Service of Alcohol (RSA)	
Purpose of the activity:	Obtain RSA for Hospitality Industry	
Name of teacher coordinating:	Scott Weston	
Subject areas involved:	n/a	Year level/s 11/12
Itinerary:	In school during school hours	
Date of departure:	6 th October 2017	Time of Departure: 9am
Mode of transport:	n/a	
Date of return:	6 th October 2017	Time of Return: 1.20pm
Point of return:	n/a	
Cost per student:	\$45	Payment due: 12 th September 2017
Reference Code:	n/a	
Activities involved:	Training Direct Australia conducting course	
Meal Arrangements	<input checked="" type="checkbox"/> Students to bring own lunch <input type="checkbox"/> Healthy food provided/purchased <input checked="" type="checkbox"/> Food to be purchased	
Student Dress	<input type="checkbox"/> Full dress uniform <input checked="" type="checkbox"/> Sport Uniform <input type="checkbox"/> Other	
Excursion	<input type="checkbox"/> Compulsory <input checked="" type="checkbox"/> Optional	
Students need to bring:	Pen and notepad	

Please note the above details and retain for your information. Please return the Parent Consent form and payment to the office by 12/09/2017.

Scott Weston, YSC

07/08/2017
Date of issue

Alan Smith, Principal



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Excursion Name: Responsible Service of Alcohol (RSA) Course

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)	_____

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 etc.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Bed-wetting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Emergency Contact:	Name:		Address:
Home Phone No.			Emergency Phone No:

As parent/caregiver ofI,
give my consent for him/her to participate in ...Responsible Service of Alcohol Course... 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.

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

Date: