



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:	SwimFit (Wednesday Sport)	
Purpose of the activity:	Sport and Recreation	
Name of teacher coordinating:	Nicole Bennett and Christie Carmichael	
Subject areas involved:	N/A	Year level/s 10-11
Itinerary:	Beaudesert Swimming Pool	
Date:	04/10/2017 - 22/11/2017 (recurring weekly)	
Mode of transport:	Bus to and from the event	
Point and time of departure:	Beaudesert SHS at 1:45pm	
Point and return of return:	Beaudesert SHS at 3:05pm	
Cost per student:	\$20	Payment due: 18/10/2017
Reference Code:	Snr Sport	
Meal Arrangements	<input checked="" type="checkbox"/> Students to bring own water	
Student Dress	<input checked="" type="checkbox"/> Sports uniform	
Excursion	<input checked="" type="checkbox"/> Students have chosen to be a part of the SwimFit group	
Students need to bring:	Swimwear, Rashie, Water bottle	

Please note the above details and retain for your information. Please return the Parent Consent form to Ms Carmichael by **04/10/2017** and payment to the cashier by **18/10/2017**.

Nicole Bennett
Sport Coordinator

Alan Smith
Principal

Date of Issue



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL

Excursion Name: SwimFit (Wednesday Sport)

*If you would like your child to attend please return this form with to Ms Carmichael by
Wednesday 4th October.*

Student's Name:		Birth Date:	
Roll Class:		Student Number:	NA
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 (<i>within 10 yrs</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Bed Wetting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Blood Pressure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Drug Reaction (<i>Penicillin Allergy</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Heart Problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Medication Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Operations	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Recent Illness or Injuries	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Respiratory Problems (<i>eg. Asthma</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Travel Sickness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Other (<i>Phobias etc.</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Emergency Contact:	Name:	Address:	
Home Phone No.		Emergency Phone No:	

I give my consent for my son/daughter to travel to and participate in and agree to delegate my authority to the teacher/s 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 above mentioned activity.

I 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 medical practitioners to administer anaesthetic if such an eventuality arises.

I submit the following medical information about the above student and include limitations which he/she has for the activity concerned. I also acknowledge that the Department of Education and Training does not have personal accident insurance cover for students.

Signed: _____ (parent/guardian) **Dated:** _____