



# Beauesert State High School Excursion Information for Parents/Guardians

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Dear Parent/Guardian

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

Activity title:	Year 7 Camp		
Purpose of the activity:	To provide students with the opportunity to engage in challenging activities and develop a range of skills and new relationships.		
Venue:	Burleigh CYC		
Name of teachers coordinating:	Ashlee Mitchell and Candice Luff		
Subject areas involved:	All	Year levels:	Years 7 & 11
Itinerary:	Camp Activities		
Date of departure:	4/12/2017	Time of Departure:	9:00 am
Mode of transport:	Bus		
Date of return:	6/12/2017	Time of Return:	3:00 pm
Point of return:	Bus turn-a-round		
Cost per student:	\$250	Deposit:	\$80 Full Payment due: 14/11/2017
Reference Code:	Yr 7 Camp (See attached form for payment options)		
Activities involved:	Challenging physical activities		
Meal Arrangements	<input type="checkbox"/> Students to bring own lunch <input checked="" type="checkbox"/> Healthy food provided <input type="checkbox"/> Food to be purchased		
Student Dress	<input type="checkbox"/> Full dress uniform <input type="checkbox"/> Sport Uniform <input checked="" type="checkbox"/> Other		
Excursion	<input type="checkbox"/> Compulsory <input checked="" type="checkbox"/> Optional		
Students need to bring:	See attached form for list.		

Please note the above details and retain for your information. Please return the Parent Consent form and payment to the office by 14/11/2017.

\_\_\_\_\_  
Ashlee Mitchell

\_\_\_\_\_  
Date of issue

\_\_\_\_\_  
Alan Smith, Principal

## **BURLEIGH CYC CAMP EQUIPMENT LIST**

Below is the minimum requirement for camp. All student's clothing and personal items must be clearly marked with student's name.

<b>CLOTHING</b>	<b>PACKED</b>
Shirts (MUST have sleeves), shorts for 3 days and a pair of board shorts <b>NO SHORT SHORTS and MIDRIFF TOPS – YOU WILL BE ASKED TO CHANGE</b>	
Underwear for 3 days	
Swimming togs	
Rash shirt/sun shirt	
Beach towel	
Bath towel	
Joggers	
Thongs	
Socks	
Sun hat (broad-brimmed)	
Pyjamas	
Tracksuit / jumper	

**Singlets are NOT to be worn during daylight hours**

<b>TOILETRIES</b>	<b>PACKED</b>
Aerogard- insect repellent etc.	
Soap and soap box	
Toothpaste and toothbrush	
Shampoo	
Roll on deodorant	
Skin moisturiser	
Hairbrush	
Chaffing cream (VERY IMPORTANT)	

**NO shaving cream / perfume**

<b>MISCELLANEOUS</b>	<b>PACKED</b>
Water bottle	
Waterproof sunscreen lotion (30+)	
After-sun gel (in case of sunburn)	
Torch - with batteries	
Pillow and pillow case	
Sheets and blanket or a sleeping bag	
Raincoat	
Camera (optional – waterproof disposable variety is best)	
Small back pack	
Sunglasses	

**NO RADIOS or CD/ MP3 players/ iPODs/Water balloons**

**NO ENERGY DRINKS/ SOFT DRINKS**

**NO SURFBOARDS, BODYBOARDS, ROLLERBLADES or SKATEBOARDS**

Crockery and cutlery will be supplied.

**PLEASE NOTE** - Students are strongly advised **NOT to bring objects of any great value** (e.g. mobile phones) and spending money is not needed.



# Beaudesert State High School Consent Form

## THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Excursion Name: Year 7 Camp

If you would like your child to attend please return this form with Payment Options Form and Payment (where applicable) to the finance window before school or at morning tea by 14/11/2017  
**NB Finance closed Wednesday.**

<b>Student's Name:</b>		<b>Birth Date:</b>	
<b>Form Class:</b>		<b>Student Number:</b>	
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			
<b>Medicare Number (MUST BE COMPLETED)</b>	_____		<b>Exp:</b> ___/___

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

As parent/caregiver of ....., I, .....

give my consent for him/her to participate in Year 7 Camp 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 all activities 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/guardian)** **Dated:** \_\_\_\_\_

# BEAUDESERT STATE HIGH SCHOOL PAYMENT OPTIONS

**PAYING BY INTERNET BANKING: ONLY AVIALABLE FOR AMOUNTS OVER \$10**

- 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: Yr 7 Camp DATE: \_\_\_\_\_

PAYMENT TYPE:     CASH     EFTPOS     INTERNET     CHEQUE     CREDIT CARD

CARD TYPE:         VISA                       MASTERCARD

CREDIT CARD NUMBER:    

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*(Please ensure that all sixteen numbers are entered)*

EXPIRY DATE:        

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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