



THE WILLOWS STATE SCHOOL

Excellence is the Standard

Year 2 Riverway Excursion – Term 3 2025

22 August 2025

Dear Parents & Carers,

On Monday 15th September our Year 2 students are invited to participate in an excursion to Riverway. This is linked to our English curriculum this term as students have been preparing persuasive speeches to convince their peers about visiting a special place.

Activity details:

When: Monday 15th September, 9:30am to 12:30pm.

Where: Riverway

Time: 8:45am – Students will meet at the classroom as usual to mark the roll and prepare for the excursion.
9:30am – Bus will depart for Riverway.
12:30pm – Students will return to the school.

Cost: \$8 to cover the bus fare.

Students must be in full school uniform with a hat and enclosed shoes. Students will need the following:

- Water bottle
- Sunscreen
- Packed lunch
- Picnic Blanket (optional extra – if you have one)

Invoices for \$8 will be issued by the school. Please complete the attached consent form and hand to the school office, with payment, by **Monday 8 September**.

Mobile phones and wearable devices with notifications enabled are not permitted to be used during any of these activities unless the student has an exemption. Students must abide by The Willows State School Code of Conduct 2024-2025. A copy of this is available on our website

<https://thewillowsss.eq.edu.au/supportandresources/formsanddocuments/documents/school%20strategic%20documents/2024-2025%20student-code-of-conduct.pdf>

For further information about the activity, please contact Amanda Souter on admin@thewillowsss.eq.edu.au, or phone the school on 4799 1333.

Yours sincerely,

Michelle Donn
Principal

Amanda Souter
Deputy Principal



07 4799 1333 Administration



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Activity Consent Form – Year 2 Riverway Excursion – Term 3 2025

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 coordinate 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](#).

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 of 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, _____ **<insert child's/student's name>** in _____ **<insert 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](#).

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

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 that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

Student health information - excursions

This form is to provide school staff organising excursions, camps or other off-site school activities with confidential health information about a student which may affect their full participation in the activity.

Privacy Statement

The Department of Education is collecting this personal information in order to support the health needs of the named student during the excursion identified below. The information will only be used by authorised employees of the department. The information will not be given to any other person or agency unless we have your consent, or we are required by law to do so.

Name of excursion	Year 2 Riverway Excursion 2025
Date/s of excursion	Monday 15 th September 2025

1: Student & parent/carer details

Student name			
Date of birth		Year level / Class	
Parent/carer name			
Medicare number			
Private Health Insurance Fund name		Membership number	
Medical practitioner name		Contact phone number	

2: Health conditions

2.1. Does the student have any health conditions that the school has not been previously advised of?	<input type="checkbox"/> Yes (go to 2.2)	<input type="checkbox"/> No (go to 2.3)
2.2. Indicate the student's health condition/s: <input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other: _____ Contact the student's teacher/activity coordinator as soon as possible to plan for any support or reasonable adjustments required to manage the student's health condition. For example, if the student requires medication or if they require additional overnight support e.g. catheterisation, gastrostomy, blood glucose testing.		
2.3. Does the student have any current or previous injuries that may affect their participation that the school has not been previously advised of?	<input type="checkbox"/> Yes (go to 2.4)	<input type="checkbox"/> No (go to 3)
2.4. Describe the injury:		

3: Medication requirements

3.1 Will the student require medication during this excursion?	<input type="checkbox"/> Yes (go to 3.2)	<input type="checkbox"/> No (go to 4)
3.2 Does the student require staff to administer their medication?	<input type="checkbox"/> Yes (go to 3.4)	<input type="checkbox"/> No (go to 3.3)
3.3 Does the student have approval to self-administer their medication at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4 Does the medication require special storage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer was **YES** to any of the questions above:

- complete and attach a [Consent to administer medication](#) form and any relevant advice from the health practitioner e.g. action plan, letter, medication order
- contact the student's teacher/activity coordinator as soon as possible to ensure that the student's medication needs can be supported.

4: Travel issues

4.1. Does the student experience travel/motion sickness?

☐ Yes

☐ No

If **YES** and the student requires medication for travel/motion sickness, complete the [Consent to administer medication form](#) and provide the school with the medication.

5: Declaration

I have reviewed the information provided in this form and confirm that this information is accurate.

Name of parent/carer/student*

Signature

Date:

* Students who are independent, mature-age or over 18 years of age, may complete this declaration themselves.