



THE WILLOWS STATE SCHOOL

Excellence is the Standard

Year 5 History Excursion – Charters Towers

21 July 2021

Dear Parent/Carer

On August the 10th and 11th our Year 5 students we will be going on a history excursion. Our History unit for this term investigates the colonial period in Australia. We will focus on significant events in this time period including the "Gold Rush". As a culminating activity we have planned a day trip to Charters Towers to further student knowledge and understanding of this era, view some of the equipment used and try our luck at gold panning first hand.

Activity details:

Date:

TUESDAY 10th of August – 5A KRO, 5B CRO, 5C AND
WEDNESDAY 11th of August – 5D LES, 5E TER

Departure time: Students need to be at school at **7.15am** to prepare for a 7:30am departure on the bus.

Return time: Approximately 3.45pm by bus. Parents/guardians will be required to collect students from the stop drop and go at the front of the school. Messages regarding any changes to return time will be placed on our Facebook page (The Willows State School).

What to bring: Students are to wear full school uniform including closed in shoes (They will not be allowed to attend if they do not have appropriate footwear). They will need to pack a small backpack containing:

- Hat and sunscreen
- Water bottle
- Packed morning tea and lunch. Please ensure that this is substantial to meet their active needs.

What students will be doing: Bus travel to and from Charters Towers. Activities including a visit to The Miner's Cottage & Gold Panning, Venus Battery guided tour and Museum tour. Short walk to some activities.

Cost: \$60 which includes: bus travel and tours

Parents/Guardians will be invoiced for the cost of attending the event, with payment required at the office, or online via the invoice link. Please contact the Business Manager on 4799 1333 to discuss options for a payment plan if required. If you wish for your child to participate in the activity, please complete the attached consent and medical forms and return them to the school office. Payment and forms are due back by Wednesday the 4th of August.

For further information about the activity, please contact Patricia Winter on pwint5@eq.edu.au or 4799 1333.

Yours sincerely

Michelle Donn
A/Principal

Patricia Winter
Deputy Principal



07 4799 1333 Administration



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admin@thewillowsss.eq.edu.au



Activity consent form – Year 5 Charters Towers Excursion 2021

The Willows State School

Privacy notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child 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 you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students.
- I give consent for my child, _____ <insert child's name> in class _____ <insert class details>, to participate in the Charters Towers excursion on the 10th or 11th of August.
- I will pay to the school the costs detailed in this consent form (\$60) for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's 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 all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.
- I give consent for my child's name to be given to businesses visited during this activity in compliance with the Queensland Chief Health Officer's **Restrictions on Businesses, Activities and Undertakings Direction (No. 4) (or its successor)**.

Parent/Carer's contact number on day of activity: _____ (Please print)

Parent/Carer's name: _____ (Please print)

Parent/Carer's signature: _____ Date: ____/____/____

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 activity described in the form.

You may also wish to update/provide the following optional information*:

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if applicable): _____ Membership No.: _____

*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

☐ I would like this additional information about my child's medical information to be recorded in OneSchool records.

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STUDENT MEDICAL INFORMATION

Name: _____ Date Of Birth: _____ Roll Class: _____ Year Level: _____

In case of emergency - Home Phone Number: _____

Parent/Carer contact number: _____ Parent/Carer contact number: _____

If parent unavailable, emergency contact name: _____

Home Phone Number: _____ Work Phone Number: _____

PROBLEMS			DETAILS
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food Drug Ointments Other	YES / NO	
DIABETES		YES / NO	
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	
PHOBIAS		YES / NO	
BACK, BONE, JOINT PROBLEMS		YES / NO	
OTHER (including allergies)		YES / NO	

Date of last Tetanus booster: _____

Medication currently being taken: Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions.

Please give details of any **problems - medical or physical** - which would limit your student's full participation in any activity, including any food restrictions.

Medical insurance details of Medicare Cardholders

Name: _____ Medicare Number: _____

Additional Health Insurance: YES / NO

Parent/Carer Signature: _____

Independent Student Signature: _____ Date: _____