



THE WILLOWS STATE SCHOOL

Excellence is the Standard

Year 3 Billabong Sanctuary Excursion 2023

26 April 2023

Dear Parent/Carer

On Wednesday the 24th and Friday the 26th of May, our Year 3 students will have an excursion to Billabong Sanctuary. This aligns with our curriculum in the following way:

English – Students wrote a persuasive letter regarding a visit to the Billabong Sanctuary

Science – Students looked at grouping living things based on their features

Activity details:

When: Group 1 – 3D, 3E & 3F - **Wednesday 24/5**

Group 2 – 3A, 3B & 3C - **Friday 26/5**

Where: Billabong Sanctuary

What: 8:45 – Students will meet at the classroom to mark the roll and walk to bus stop.
9:00am – Bus will depart for Billabong Sanctuary from stop, drop and go.
2:00pm – Students will depart from Billabong Sanctuary and return to school by 2.45pm

Cost: \$30 to cover the bus fare and entry to Billabong Sanctuary.
Payment is due by **Friday 19th May, 2023.**

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

- Water bottle
- Hat
- Sunscreen
- Morning Tea and Lunch (**Food will not be available for purchasing at the venue**)

Invoices for \$30 will be issued by the school. For your student to participate in this activity, please complete the attached consent and health forms, and return to the school office, with payment of \$30 by Friday 19th May 2023.

Yours sincerely,

Michelle Donn
Principal

Patricia Winter
Deputy Principal



07 4799 1333 Administration



Bilberry Street, Kirwan, Qld 4817



PO Box 563, Thuringowa Central, Qld 4817



admin@thewillowsss.eq.edu.au

Activity consent form – Year 3 Billabong Sanctuary Excursion 2023

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: | | |

***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 3 Billabong Sanctuary Excursion 2023 |
| Date/s of excursion | 24 th May 2023 / 26 th May 2023 |

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: Dietary requirements

4.1 Does the student have specific dietary requirements?

☐ Yes (go to 4.2 & 4.3)

☐ No (go to 5)

4.2 List the foods/ingredients your child is NOT to eat:

4.3. Describe the reason/s why the student cannot eat the above foods/ingredients e.g. religious, cultural, allergic/anaphylaxis, vegetarian:

5: Travel and away-from-home issues

5.1. 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.

5.2 Does the student require night bedwetting management or require an appliance / device at night to support a health condition?

☐ Yes

☐ No

If **YES**, describe what aid / appliance / support is required:

5.3 Does the student sleep walk, have night terrors, have fears/phobias, experience anxiety, or have any other issue/s that may impact on their participation in this excursion?

☐ Yes

☐ No

If **YES**, describe the actions required to manage these:

6: 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.