



# THE WILLOWS STATE SCHOOL

*Excellence is the Standard*

## Year 4 Excursion – Townsville City Council Materials Recovery Facility

5<sup>th</sup> May 2023

Dear Parent/Carer

On Tuesday the 16<sup>th</sup>, Wednesday the 17<sup>th</sup> and Thursday the 18<sup>th</sup> of May, our year 4 students will have an excursion to The Townsville City Council Materials Recovery Facility. This aligns with the Year 4 curriculum through the Hass Unit where students are to answer the inquiry question: *How can people use environments more sustainably?* It also aligns with the Technology unit where students will examine technologies to understand how sustainability factors impact the design of products, services and environments to meet community needs.

### Activity details:

**Cost:** This excursion is proudly supported by The Townsville City Council and is FREE.

### **When:**

Date	Class 1 - Please ensure your child arrives to school by 8.30am to attend this excursion.	Class 2
Tuesday 16 <sup>th</sup> May	4A DAV	4D BAL
Wednesday 17 <sup>th</sup> May	4B CRO	4C MAH
Thursday 18 <sup>th</sup> May	4E PRO	

**Where:** Townsville Material Recovery Facility

### **Daily Schedule:**

8:45AM	Bus departs The Willows State School - Class 1
9:00AM	Arrive at MRF 610 Ingham Road
9:10 – 10:10AM	Class 1 Tour of Recycling Facility
9:55 – 10:10AM	Bus collects Class 2 from The Willows State School and takes to Recycling Facility
10:15 – 10:30AM	Bus returns Class 1 to The Willows State School
10:15 – 11:10 AM	Class 2 Tour of Recycling Facility
11:15AM	Bus collects Class 2 and returns to The Willows State School

**Students must be in full school uniform with a hat and enclosed shoes.**

For your student to participate in this activity, please complete the attached consent and student health information forms and return to the school office by Friday 12<sup>th</sup> May 2023.

Yours sincerely,

Michelle Donn  
Principal

Cameron Tod  
Deputy Principal

# Activity consent form – Year 4 Townsville Material Recovery Facility Excursion 2023

## Privacy Statement

### 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>** 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:		

# 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 4 Townsville Material Recovery Facility Excursion 2023
Date/s of excursion	Tuesday 17 <sup>th</sup> May / Wednesday 18 <sup>th</sup> May / Thursday 19 <sup>th</sup> May

## 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 <b>YES</b> to any of the questions above: <ul style="list-style-type: none"><li>complete and attach a <a href="#">Consent to administer medication</a> form and any relevant advice from the health practitioner e.g. action plan, letter, medication order</li><li>contact the student's teacher/activity coordinator as soon as possible to ensure that the student's medication needs can be supported.</li></ul>		

**4: 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: Declaration**

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

**Name of parent/carer/student\***

**Signature**

**Date:**