2017 YEAR 9 BIG DAY OUT

Dear Parent/Guardian

We are excited to have your Year 9 student return to North Bundaberg High School this year. We have a fun day planned for all Year 9 students scheduled for **Tuesday 7th February, 2017**. The day involves lots of fun-filled activities at **Chaverim Outdoor Centre** and is designed to:

- enable students to develop group cohesion within the cohort
- build new friendships across the year level
- enable students to develop a sense of school pride
- develop teamwork and leadership skills
- engage students in fun physical activities
- enable students to get to know and interact with their new teachers.

The cost is **$22** which includes morning tea and lunch and use of the facilities. The school has arranged bus transport to and from the venue. Our goal is to have all Year 9 students attend this fun day. Please sign and return the attached permission form to the school office. See box below for payment options. More information regarding the activities and what to bring will be provided closer to the excursion date.

Should you have any concerns about the excursion, or have any questions, please don’t hesitate to contact us. **We are very much looking forward to getting to know your student.**

Kind regards,

Stacey Cowan  
Year 9 Coordinator  
slcow0@eq.edu.au

Belinda Arnold  
Junior School Deputy  
barno32@eq.edu.au

**BIG DAY OUT $22 PAYMENT** - Make payments direct to Bundaberg North State High School

BSB: 064-403  Account: 0090504, Reference: Student name or EQ ID number.

OR  Credit card over the phone,

OR  BPAY (details on statement/invoice)

OR  Pay at the office
CONSENT FORM - EDUCATIONAL EXCURSION / TOUR / CAMP

Student Name___________________________________________

As a parent/guardian, I, ______________________________________ give my consent for him/her to participate in the Year 9 Big Day Out at Chaverim planned for Tuesday, 7th February 2017 and agree to delegate my authority to the teacher(s) and Chaverim staff involved.

Such teachers/staff 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 above mentioned activity.

I also authorise the teachers/staff to obtain medical assistance if and when they deem necessary, and agree to pay all medical expenses incurred on behalf of the above student.

I further authorise qualified practitioners to administer first aid / 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.

SIGNED: ____________________________________________

(Parent/ Guardian)

Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in the information sheet?  YES / NO

If YES, give details ____________________________________________

Parents Name: ____________________________________________

Parents Address: ____________________________________________

Parents Phone No: ____________________________________________

MEDICAL CONSENT

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Address</th>
<th>Phone No</th>
<th>Next of Kin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Medicare No</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**MEDICAL INFORMATION**

<table>
<thead>
<tr>
<th>(a)</th>
<th>Heart Problems</th>
<th>YES / NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)</td>
<td>Respiratory Problems (eg. Asthma)</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(c)</td>
<td>Allergies</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(d)</td>
<td>Travel Sickness</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(e)</td>
<td>Blood Pressure</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(f)</td>
<td>Operations</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(g)</td>
<td>Epilepsy</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(h)</td>
<td>Recent Illness</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(i)</td>
<td>Immunisation (up to date) and when (eg Tetanus)</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(j)</td>
<td>Drugs Required</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(k)</td>
<td>Drug Reactions (eg Penicillin Allergy)</td>
<td>YES / NO</td>
</tr>
<tr>
<td>(l)</td>
<td>Other</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

Emergency contacts in case of not being able to reach parent/guardian:

Name: ___________________________  Relationship: ___________________________

Phone: ___________________________

Address: ___________________________

---

Parents are advised that the Department of Education Training and the Arts does not have Personal Accident Insurance cover for students. Education Queensland has public liability cover for all approved school activities and provides compensation for students injured at school only when the Department is negligent. If this is not the case, then all costs associated with the injury are the responsibility of the parent/caregiver. It is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.

Bundaberg North State High School is collecting personal information on this form for the purpose of ensuring the health and well-being of individuals attending the Excursion/Tour/Camp. This is in accordance with departmental policy (HS-10 Workplace Health and Safety – Curriculum and/or HS-20: Administration of Routine and Emergency Medication and Management of Health Conditions). The school may disclose some or all of this information to school staff, Queensland Emergency Service officers, medical practitioners as required. Personal information on this form can be disclosed without the individual's consent where authorised or required by law.