



North Bundaberg State High School

9 Marks Street
PO Box 7358
Bundaberg North Qld 4670

Telephone (07) 4130 0222
Facsimile (07) 4152 5213
principal@bundnortshs.eq.edu.au

www.bundnortshs.eq.edu.au

 Bundaberg North State High School

BUNDABERG CAREERS EXPO

Tuesday 22nd May, 12.00 pm - 1.30 pm

An excursion to the Bundaberg Careers Expo at the Bundaberg Multiplex has been organised for interested Year 10, 11 and 12 students. The excursion has been designed to assist students make informed career choices.

There is an extensive range of exhibits including employment and apprenticeship agencies, universities, colleges, TAFE, defence forces, local businesses and much more.

At this stage, it is anticipated that 2 buses, (45 students per bus) will be making the excursion to the Careers Expo. Once the bus seats are filled then there will be no more – so return the permission form back quickly!

There is no cost for this trip. Buses will take students from the front of school (approx. 12.15 pm) to the event for our 12.30 pm timeslot and we will leave the Multiplex at approximately 1.15 pm to return to school.

Please complete the form below and return it to the main office by Thursday the 19th of May, if you would like your son/daughter to attend.

Contact the Careers Officer, Miss H. COULTON for more information.

Miss H.Coulton

Guidance Officer

Miss Kent

Acting Principal





BUNDABERG NORTH STATE HIGH SCHOOL

CONSENT FORM: EDUCATIONAL EXCURSION

BUNDABERG CAREERS EXPO

Tuesday 22nd May, 12.00 pm - 1. 30 pm

As a parent/guardian of _____, I give my consent for him/her to participate in the Bundaberg Careers Expo. 2018 excursion, and agree to delegate my authority to the teacher(s) involved.

- *Such teacher(s) 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, during the excursion.*
- *I also authorise the teacher(s) to obtain medical assistance when they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.*
- *I further authorise qualified practitioners to administer medical assistance (which could include anaesthetic) should such an eventuality arise.*

I submit the following medical information about the above student and include details of limitations that he/she has for the activity concerned.

Signed: _____

MEDICAL INFORMATION FOR: _____ (Please state full name)

Date of Birth: _____

Is there any medical or psychological reason to prevent the above student from participating in any of the activities outlined in the information sheet? YES / NO (please circle)

If YES, please give details:

Medical Condition	Please circle the appropriate response	Details (if applicable)
(a) Heart Problems	YES/NO	
(b) Respiratory Problems	YES/NO	
(c) Allergies	YES/NO	
(d) Travel Sickness	YES/NO	
(e) Blood Pressure	YES/NO	
(f) Operations	YES/NO	
(g) Epilepsy	YES/NO	
(h) Recent Illness	YES/NO	
(i) Injections and When (eg. Tetanus)	YES/NO	
(j) Drugs Required	YES/NO	
(k) Drug Reactions (eg. Penicillin Allergy)	YES/NO	
(l) Other	YES/NO	

Emergency Contacts: Name: _____ Phone: _____

Address: _____