



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

2018 SENIOR REWARDS TRIP

For students who have met the criteria to attend

Dear Parent/Guardian

If your child has met our school goal of having 95% attendance or above or have received a Reach for the Sky Award since the start of the year, they will have been invited to attend a reward day.

We have a fun afternoon planned for **Wednesday 27th June 2018** at Bundy Bowl & Leisure from 11.30 – 3pm. The cost is **\$13** & this covers bowling, arcade tokens and dodgems. Transport cost will be covered by the school, however students will require additional money if they wish to purchase extra tokens or buy food from the canteen.

If you are keen for your son/daughter to participate in the rewards day, please complete the permission form attached and have them return it the G Block Staffroom to Miss Tibbey by **Friday 22nd June & \$13 to be paid to the office or to Bundaberg North High Bank Account (details below)**. Should you have any concerns about the excursion, or have any questions, please don't hesitate to contact us.

Kind regards,

Teresa Tibbey
Year 11 Coordinator
ttibb3@eq.edu.au

Robyn Kent
Principal
rkent12@eq.edu.au

PLEASE NOTE: Permission forms & payment due by Friday 22nd June, 2018
\$13 to be paid to the office or Bank Account details below:
BSB: 064 403 A/C: 0009 0504 Reference: Childs Name

CONSENT FORM - EDUCATIONAL EXCURSION / TOUR / CAMP

Student Name _____

As a parent/guardian, I, _____ give my consent for him/her to participate in the **Senior Rewards Trip at Bundy Bowl & Leisure** planned for **Wednesday 27th June 2018** and agree to delegate my authority to the teacher(s) 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

Student Name			
Date of Birth			
Address			
Phone No			
Next of Kin			
Student Medicare No		Expiry Date	

MEDICAL INFORMATION

		Particulars
(a)	Heart Problems	YES / NO
(b)	Respiratory Problems (eg. Asthma)	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)	Immunisation (up to date) 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 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.