

Privacy Statement

The Department of Education is collecting this personal information in order to:

- obtain consent for the 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.

Excursion consent form - Western 7's 2025

Why	The excursion has been approved by the Principal. Its aims are: This excursion will provide the opportunity for students to participate in Rugby Union 7s, alongside and against their same-aged peers.
Who	This excursion is offered to Students aged 9, 10, 11 and 12 The excursion coordinator is Fiona Bailey, Deputy Principal and can be contacted using email address fbail16@eq.edu.au or phone number 0749879100 .
When and where	01/08/2024 - McIndoe Park in Emerald
How	Transport to the excursion will be: Students will travel to and from venue with parents/carers and meet CSDE staff at McIndoe Park. . During any travel, Queensland child restraint laws will be followed e.g. seatbelts, booster seat or cushion.
What	During the excursion, students will be undertaking the following activities: <ul style="list-style-type: none"> • Participating in a Rugby Union 7s tournament.

Cost	There is no cost for this excursion.
Additional requirements	Students will be required to bring a mouth guard, sunscreen, water bottle, and food. Jerseys will be provided by the school. Please wear closed-in shoes, and suitable shorts. (For example, football shorts).

For further information

For information on behaviour expectations, access the Student Code of Conduct at <https://capricorniasde.eq.edu.au/support-and-resources/behaviour-management>.

For information on:

- risk assessment
- reasonable adjustments for children/students with disabilities, medical or individual requirements
- other details about this excursion

Contact - **Fiona Bailey, Deputy Principal** using email address fbail16@eq.edu.au or phone number **0749879100**.

Health information

The school collected health information about the student at registration/enrolment. Please answer the following questions and provide the required details

Is there any new or updated health information (e.g. health condition / medication / dietary requirements / travel issues) which may affect the student's full participation in the excursion?

☐ Yes ☐ No

If yes, please provide all relevant information, so these health needs can be considered during the planning of the excursion.

Emergency contact information

It is important that the school can contact you easily if there is an emergency during the excursion. Please enter emergency contact details.

Emergency contact name for the duration of the excursion

Emergency contact phone number

Email address

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 excursion, 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 that provider. Any other costs must be covered by the parent/carer. It is up to 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 excursion.

Consent information

School name: Capricornia (Emerald Campus) School of Distance Education

Return form by: 25/07/2025

To give consent for the student to participate in this excursion, you must agree to all the following statements:

- I have read all of the information in relation to the excursion (including any attached material).
- I am aware that the department does not have personal accident insurance cover for students.
- 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.
- 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 contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions.

Consent declaration *

☐ Yes, I agree ☐ No, I do not agree

Student name

Class and year level

Print parent/carer name

Print parent/carer signature

Date

Phone number

Email address

Return all pages of the excursion consent form to the school office. You may wish to keep a copy for your own records.