

## 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 - Gruffalos Child and Victoria Park Excursion Day 2025

<b>Why</b>	The excursion has been approved by the Principal. Its aims are: to give students the experience to go to the Pilbeam Theatre to view the performance which aligns with the literacy curriculum. Students will be going to the Victoria Park to participate in a gymnastics session to compliment and enhance their fine and gross motor skills (HPE Curriculum).
<b>Who</b>	This excursion is offered to <b>Students in Prep - Year 4</b> The excursion coordinator is <b>Katrina Hawley, Deputy Principal Primary</b> and can be contacted using email address <a href="mailto:administration@caprocksde.eq.edu.au">administration@caprocksde.eq.edu.au</a> or phone number <b>49314800</b> .
<b>When and where</b>	12/08/2025 - Pilbeam Theatre, Victoria Park Gymnastics & Trampoline Club and Alf Kele Memorial Park near Southside Swimming Pool.

<b>How</b>	<p>Transport to the excursion will be: <b>Bus transport to Pilbeam Theatre. Walking to Victoria Park and Alf Kele Memorial Park. Bus transport from Victoria Park back to CapSDE McLaughlin Street entrance.</b></p> <p>Leaving from: <b>CapSDE McLaughlin Street, Kawana at 9:00am.</b>  Returning to: <b>CapSDE McLaughlin Street, Kawana at 2:15pm.</b></p> <p>During any travel, Queensland child restraint laws will be followed e.g. seatbelts, booster seat or cushion.</p>
<b>What</b>	<p>During the excursion, students will be undertaking the following activities:</p> <ul style="list-style-type: none"> <li>• Viewing the Gruffalo's Child Performance - Pilbeam Theatre</li> <li>• Lunch and playing at Alf Kele Memorial Park</li> <li>• Fine and gross motor skills at Victoria Park Gymnastics &amp; Trampoline Club</li> </ul>
<b>Cost</b>	There is no cost for this excursion.
<b>Additional requirements</b>	<p>Student are required to wear their full school uniform, closed in shoes, hats. Students are to bring a packed lunch (cooler brick if required) water bottle. Please have them bring their items in a small backpack. Families are to sign their students in to Rockhampton Primary Campus by 8:30am. This will allow teachers to assemble, mark rolls and cover safety procedures prior to the students boarding the bus. The bus will be leaving promptly at 9:00am. Families will be responsible for meeting teachers and students at the Pilbeam Theatre if they are late to school.</p>

## 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 - **Katrina Hawley, Deputy Principal Primary** using email address [administration@caprrocksde.eq.edu.au](mailto:administration@caprrocksde.eq.edu.au) or phone number **49314800**.

## 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.

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## 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.

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Emergency contact name for the duration of the excursion

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Emergency contact phone number

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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:** 04/08/2025

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.