

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 - 2025 Rugby 7's Rockhampton

Why	<p>The excursion has been approved by the Principal. Its aims are:</p> <p>This excursion will support the Primary students engaging in activities against their same age peers from the Rockhampton region. Students will be going to the Rockhampton Rugby grounds to participate in the CQ sevens competition. To compliment and enhance their motor skills and team work.</p>
Who	<p>This excursion is offered to Students in years 4-6.</p> <p>The excursion coordinator is Paula Goodman, Year 4 teacher and can be contacted using email address administration@caprrocksde.eq.edu.au or phone number 49201681.</p>
When and where	<p>16/10/2025 - Rockhampton Rugby grounds. TBC</p>
How	<p>Transport to the excursion will be: Parents transport their own students to and from the venue. Meeting location to be advised. 8am - 2pm. .</p> <p>During any travel, Queensland child restraint laws will be followed e.g. seatbelts, booster seat or cushion.</p>

What	During the excursion, students will be undertaking the following activities: <ul style="list-style-type: none"> • Participating in playing games of Rugby 7's.
Cost	There is no cost for this excursion.
Additional requirements	Students will need to have a mouth guard. Closed in shoes with grip, suitable dark shorts to play sport in, sunscreen, hat, water bottle, snacks or money for food, back pack to put everything.

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 - **Paula Goodman, Year 4 teacher** using email address administration@caprocksde.eq.edu.au or phone number **49201681**.

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: 07/10/2025

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/carers name

Print parent/carers 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.