

Excursion consent form 2025 Term 4 – Swimming Carnival -Emerald Aquatic Centre 5^{TH} December 2025

Why	 The excursion has been approved by the principal. The Junior Carnival (Prep-Year 2) is more of a fun activity, an opportunity for the students to perform against their peers to the best of their capability. The students do not receive first, second or third ribbons for these events or have age champions. It is a FUN morning with a carnival- like program and feel. The Senior Carnival (Year 3-Year 6) is competitive with two types of competitions: CHAMPIONSHIP RACES: swimmers are eligible for ribbons and AGE CHAMPION (9 years & under, 10 years, 11 years & 12 years- Girls/Boys) PARTICIPATION RACES: these are eligible for ribbons only
Who	This excursion is offered from Prep to Year 6 students.
	The excursion coordinator is Georgia Wylie, HPE Teacher and can be contacted using email address gwyli6@eq.edu.au or phone number 07 4988 2333 .
When and	Friday 5 th December 2025
Where	Emerald Aquatic Centre, 62 Opal Street Emerald QLD 4720
How	Transport to the excursion will be: Bus transport
	Prep-Year 2 Leaving from: Emerald North State School at 9.00am Returning to: Emerald North State School at 10.40am Year 3- Year 6 Leaving from: Emerald North State School at 10.30am Returning to: Emerald North State School at 2.30pm 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: The Junior Carnival (Prep-Year 2) is more of a fun activity, an opportunity for the students to perform against their peers to the best of their capability. The students do not receive first, second or third ribbons for these events or have age champions. It is a FUN morning with a carnival-like program and feel. The Senior Carnival (Year 3-Year 6) is competitive with two types of competitions:

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	Additional Information: Students to wear sun safe swimmers
Cost	This excursion will cost \$5.00 . Payment can be made at the office via cash, EFTPOS, or online via the BPoint link that is found on the bottom left-hand corner of your invoice.
Additional	This is a high-risk activity.
Requirements	If you wish for your child to participate in the excursion, please complete this consent form and return payment of \$5.00 to the admin office by Monday 1st December.

For information on behaviour expectations, access the Student Code of Conduct at https://emeraldnorthss.eq.edu.au/Documents/Student%20Code%20of%20Conduct%20(PDF%202MB).pdf

For information on:

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

Contact - Georgia Wylie, HPE Teacher using email address gwyli6@eq.edu.au or phone number 07 4988 2333

Georgia Wylie
PE Teacher

Jeremy Callaghan
Principal

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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.

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.

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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? (Please circle)

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

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School name: Emerald North State School

Event: School Swimming Carnival

Consent Information

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

- I have read all 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.
- I will pay the school the excursion costs.
- 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	o 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 records.	n to the school office. You may wish to keep a	copy for your own

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