



GRACEVILLE STATE SCHOOL  
Established 1928  
23 Acacia Ave, Graceville, Q 4075  
(Location: Cnr Oxley Rd & Acacia Ave)  
Phone: 3716 2777 • Fax: 3716 2700  
Email: [principal@gracevilless.eq.edu.au](mailto:principal@gracevilless.eq.edu.au)

5<sup>th</sup> November, 2021

Dear Year 6 parents and carers,

In order to celebrate the graduation of the class of 2021, we would like to invite the students to "White Water World" on the **Thursday the 9<sup>th</sup> December 2021**. The cost of this excursion will be **\$38.00** which will cover the cost of a coach to and from the venue and the cost of entry.

The children will be required to be at school by the usual time of 8:45am and we will be leaving school at approximately 9:30am and it is expected that the coaches will return to school at approximately 3:30pm. This is later than our usual end of day so please arrange accordingly for your child's collection. They will be able to wear free dress for the day.

Students will need to bring with them a bag containing:

- a packed lunch and snacks (for the entire day)
- water bottle
- towel
- sunscreen & a school hat
- a dry set of clothes for the bus home
- approx. \$10 for a drink/ice block treat (students will be responsible for their own cash)

A reminder that student's attendance is dependent on their ability to consistently follow Graceville's 'Responsible Behaviour Plan' leading up to and during the school tour. If at any point a student is in breach of the behaviour plan, the school reserves the right to exclude them from attending this tour. Payments are non-refundable if your student is excluded or cannot attend, as the school pays for activities and amenities on the number of students provided to the company after initial deposit.

Payment of **\$38.00** for this excursion is due by Friday the 22<sup>nd</sup> of November 2021.

**NO LATE PAYMENTS WILL BE ACCEPTED –  
DETACH & RETURN THE PERMISSION SLIP ASAP  
TO THE GREEN BOX OUTSIDE THE WARATAH ROOM ASAP**

Kind regards,

Bel Martin

Lisa McKeaten

Please return this permission slip into **GREEN BOX OUTSIDE THE WARATAH ROOM ASAP**My child, \_\_\_\_\_ in class \_\_\_\_\_ : WILL  
WILL NOT

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This excursion has a number of aquatic based activities, please indicate your child's swimming ability level- (please tick relevant box)

☐ Non-swimmer    ☐ Weak swimmer (unable to swim 25m)    ☐ Incompetent (can swim 25m)
**Privacy notice**

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

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwth).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

**Activity risks and insurance**

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, 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 you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

**Consent**

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child, \_\_\_\_\_ <insert child's name> in \_\_\_\_\_ <insert class details>, to participate in the 2021 Yr 6 White Water World activity on 22<sup>nd</sup> November 2021
- I will pay to the school the costs detailed in this consent form for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- 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 all relevant details of my child's medical or physical needs on registration /enrolment and where relevant have updated this information.

Parent/Carer's name: \_\_\_\_\_ (Please print)

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional medical information**

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

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**You may also wish to update/provide the following optional information\*:**

Name of child's medical practitioner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Private Health Insurance Company (if applicable): \_\_\_\_\_

Membership No.: \_\_\_\_\_

\*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

☐ I would like this additional information about my child's medical information to be recorded in OneSchool records.