Dear Parents/Carers,

All students from Years 4-6 are invited to participate in the annual school camp. This year the students will be heading to Tyalgum Ridge Retreat at Tyalgum in Northern NSW for 3 days/2 nights of activities.

The dates for the camp are from Wednesday November 20th until Friday November 22nd 2013. Students will travel by bus to and from Tyalgum Ridge Retreat, leaving Currumbin Valley SS at 9.00am on Wednesday November 20th and returning at 3.00pm on Friday November 22nd.

The cost of the camp is $240.00 per student and includes all food, accommodation and activities for the duration of the stay. Parents/Caregivers are encouraged to start paying the camp fee as soon as possible. Please find attached an invoice giving the details of making payments by EFTPOS which includes credit card payments, BPAY and MOTO credit card payments over the phone for your convenience.

Please note that all camp fees need to be paid by Friday October 11th, so we can confirm final attendance numbers with the Tyalgum Ridge Retreat.

Any fees unpaid by this date will result in student/s being unable to attend, unless prior arrangements have been made at the office.

I understand that;

- There will be no change in price if I choose to alter my child’s participation in the program.
- As part of the curriculum it is an expectation that children do the full program.
- If illness occurs you are required to have a doctor’s certificate for refund of the camp component.
- There is no refund for the bus component.

Attached to this note is an Equipment List for Students as well as a Student Information Form which includes health and medical details. The completed Student Information Form needs to be returned with the permission slip below.

Regards,

Lizzie Savill
Camp Coordinator

Heidi Mackenzie
Principal
Consent
Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

☐ 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 of Education, Training and Employment does not have personal accident insurance cover for students.

☐ I give consent for my child, ____________________________ (print child’s name) in class ________ (print class details), to participate in the activity detailed above.

☐ In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.

☐ I have provided the school all relevant details relating to my child’s medical or physical needs on enrolment and where relevant have updated this information.

☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child’s behalf.

☐ I have enclosed $240.00 for the program

Parent/Carer Name: _______________________________________________________________(Please Print)

Parent/Carer’s Signature: ____________________________ Date: ________/_______/_______

Additional medical information
The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child’s full participation in the activity described in the form.

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

You may also wish to provide the following information*:

   Name of child’s medical practitioner: ____________________________ Telephone No.: ________________
   Medicare No.: ________________________________________________

Private Health Insurance Company (if provided): __________________________ Membership No.: ________________

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

☐ I would like this additional information about my child’s medical and physical details to be recorded in OneSchool records.
Privacy Notice
The Department of Education, Training and Employment 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 were necessary.

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

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance
The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, 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 be 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.