## Dear Parent/Guardian

Urangan State High School will be involved in Clean Up Australia Day for 2023. The U-Lead students organising this community event have chosen 2 areas to clean up this year. The first will be the water way along Emerald Park Way from Elizabeth Street to Robert Street including Pulgul Creek and Urangan Street Reserve. The second will be from Bideford Street shops along Sussex Street to Robert Street and adjoining storm water drain. They will conclude in the bus shelter at the front of the school. We will meet at 7:00am on the grassed area on the corner of Elizabeth Street and Emerald Park Way (Group 1) or Bideford Street shops (Group 2) and travel back towards the school. We will have a sausage sizzle in the bus shelter at the conclusion of the event.

Excursion:

Clean Up Australia Day

Venue:

Group 1 - Meet at the corner of Emerald Park Way and Elizabeth Street. Group 2 - Meet at Bideford Street Shops

Date:

Sunday 5th March 2023

Departure/Start:

7:00am

Arrival/Finish: Cost:

9:00am

Requirements:

Bring sunscreen, water bottle and your school hat. Gloves are recommended however latex gloves will be

provided.

Contact:

41970111 prior to the day or 0402024102 on the day

Transport:

Students are to make their own way to and from the event

If you wish for your child to participate in the activity, please complete the consent form attached and return it to Student Services or the contact listed below.

For further information about the activity, please contact Ruby Peinke on 41970111 or rpein2@eq.edu.au.

Parents are more than welcome to come along and help the students to clean up this ecological site.

It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Urangan State High School will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the organising staff member. If you have any questions or concerns, please do not hesitate to contact me at the school on (07) 4197 0111.

Yours faithfully

RUBY PEINKE

Leadership Program Manager

BRIAN/HARRINGTON

Head of Year

TONY MCCORMACK

Principal

×	
	Permission Slip: Clean Up Australia Day Sunday 5th March 2023

I give permission for my child, \_\_\_\_\_ ., to attend.

Parent / Guardian Signature: \_\_\_\_

Teacher: PEINRU

uranganshs.gld.edu.au

Email principal@uranganshs.eq.edu.au

Phone 07 4197 0111

PO Box 5100, Torquay QLD 4655 Deliveries 120 Robert St, Urangan QLD 4655

Date:

CRICOS

Mail

00608A





## **URANGAN STATE HIGH SCHOOL – CONSENT/MEDICAL FORM**

EXCURSION: CLEAN UP AUSTRALIA DAY 5/3/23 TEACHER: SYMEDA

STUDENT NAME:		<u>FORM CLASS</u> :
,(Parent	/Guardian) of the above-mention	ed student give my consent for them to participate in the excursion explained
in the letter attached.		
I agree that the accompanying teachers will take whatever disciplinary action participants.		
I authorise the teachers to obtain whatever medical assistance they deem ne including anaesthetic and/or blood transfusion, should the need arise. I agree	ee to pay any expenses incurred	on behalf of the aforementioned student.
I acknowledge that the Department of Education does not have Personal Ac	cident Insurance cover for stude	ents.
MEDIC	CALINFORMA	TION
CONDITIONS	YES/NO	DETAILS
a. HEART PROBLEMS	YES / NO	
b. RESPIRATORY PROBLEMS	YES / NO	
ALLEDOIEG (a.e. base pericilia)	YES / NO	
	YES / NO	
DI COD EDECCUEE	YES / NO	
	YES / NO	
EDIL EDCV	YES / NO	
g. EPILEPSY	YES / NO	
h. RECENT ILLNESS	YES/NO	
i. PHOBIAS	TESTNO	
Any additional information teachers should be aware of (e.g. Medical, Custodial)		
Date of last anti-tetanus injection:		
My child suffers from asthma: Yes / No Medication:		
is your child currently taking medication? If so, give details.		
Does your child have any special dietary requirements? Yes / No (Please attach details		
Is your child suffering from an injury or condition which should be recognised? If so, give	ve details	
Medicare card holder's name? (First name on card).	Medicare number:	Position number:
Health fund provider:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Does your child have personal accident insurance cover against accident injury for com		
Parent\Guardian Name:Signature :		Date:
Address:		
Home Phone Number:		
Emergency Phone Number: Name:	Re	ationship:
Activity Risks & Insurance The activity outlined above carries an inherent risk of physical injury occurring for students. If your child is injured as a result of an accident or incident, all Some incidental medical costs may be covered by Medicare. If you have prive covered by parents/carers. It is up to all parents/carers to decide what types consideration in deciding whether or not to allow your child to participate in the state of the stat	costs associated with the injury ate health insurance, some cost and what level of private insura	. Including medical costs are the responsibility of the parent/carer. s may be also be covered by your provider. Any other costs must be

## 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 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 DoE permission for the information to be disclosed.

