

25th March 2024

Our Ref: Corres24/Student/oc083_oneika_ts

Dear Parent/Guardian

A visit to a theme park is an annual tradition for USHS Year 12 students. It's a time when we celebrate completing school. This year, a student survey has identified Warner Brother's Movie World on the Gold Coast as our destination.

Excursion: Year 12 Theme Park Trip
Venue: Warner Brother's Movie World
Date: Friday 26th April 2024
Departure/Start: Depart USHS 4:00am, arrival at Movie World 10:00am
Arrival/Finish: Depart Movie World at 4pm, arrival at USHS approximately 10:15pm
Cost: \$100
Payment Due: Friday 19th April 2024
Requirements: Students are permitted to wear their own clothes, no uniform required. However, clothing and shoes should be sensible, sun-safe and comfortable. Sunscreen and hats are recommended. Students are to organise their own food and water. There will be a short breakfast stop on the way to the Gold Coast and a short dinner stop on the return trip.

Contact: Katie O'Neill
Transport: All students attending this trip are required to travel on the bus with the rest of the group. Students are not permitted to organise their own travel to and from the venue.

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 **Katie O'Neill, Head of Year 12** on **4197 0111** or konei122@eq.edu.au

Please note that prior to being able to participate, the Student Resource Scheme and any other outstanding fees are to be paid in full or an up-to-date payment plan is in place. Payment can be made to Student Services or via the Qkr! App.

As per the Urangan State High School Good Standing Policy, students must be in good standing to attend non-curriculum incursions and excursions at the time of the event.

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

KATIE O'NEILL
Head of Year 12

REBECCA FUERY
Business Manager

TONY MCCORMACK
Principal

Permission Slip: Year 12 Theme Park Trip Friday 26th April

I give permission for my child, _____, to attend.

Parent / Guardian Signature: _____ **Date:** _____ **Teacher: ONEIKA**

Payment method: (please indicate below)

<input type="checkbox"/> QKR! _____	<input type="checkbox"/> Centrepay	<input type="checkbox"/> At counter - EFT / Cash
Please write payment reference number above	Please email centrepay@uranganshs.eq.edu.au	<input type="checkbox"/> B-Point

Web uranganshs.eq.edu.au
Email principal@uranganshs.eq.edu.au
Phone 07 4197 0111

Mail PO Box 5100, Torquay QLD 4655
Deliveries 120 Robert St, Urangan QLD 4655
CRICOS 00608A



QUEENSLAND GOVERNMENT



URANGAN STATE HIGH SCHOOL – CONSENT/MEDICAL FORM

EXCURSION : Year 12 Theme Park Trip – 26 April 2024

TEACHER: ONEIKA

STUDENT NAME:

FORM CLASS:

I, (Parent/Guardian) of the above-mentioned 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 under the Education Act they may deem necessary to ensure the safety and well-being of all excursion participants.

I authorise the teachers to obtain whatever medical assistance they deem necessary should the need arise. I also authorise Qualified Practitioners to administer any medical assistance including anaesthetic and/or blood transfusion, should the need arise. I agree to pay any expenses incurred on behalf of the aforementioned student.

I acknowledge that the Department of Education does not have Personal Accident Insurance cover for students.

M E D I C A L I N F O R M A T I O N

	CONDITIONS	YES/NO	DETAILS
a.	HEART PROBLEMS	YES / NO	.....
b.	RESPIRATORY PROBLEMS	YES / NO	.....
c.	ALLERGIES (e.g. bees, penicillin)	YES / NO	.....
d.	TRAVEL SICKNESS	YES / NO	.....
e.	BLOOD PRESSURE	YES / NO	.....
f.	OPERATIONS	YES / NO	.....
g.	EPILEPSY	YES / NO	.....
h.	RECENT ILLNESS	YES / NO	.....
i.	PHOBIAS	YES / NO	.....
j.	OTHER .....		.....

Any additional information teachers should be aware of (e.g. Medical, Custodial)

My child's immunisations are current:

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 details

Medicare card holder's name? (First name on card). Medicare number: Position number:

Health fund provider: Card/membership number:

Does your child have personal accident insurance cover against accident injury for competitions and associated activities (training, travel, etc)?

Parent/Guardian Name: Signature: Date:

Address:

Home Phone Number: Mobile Phone Number:

Emergency Phone Number: Name: Relationship:

Activity Risks & Insurance
 The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education 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.

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 s.426 of the Education (General Provisions) Act 2009 (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.



