19th February 2025

Dear Parent/Guardian

Urangan State High School will be involved in this year's 2025 Clean Up Australia Day. This is a national sustainability event taking place on the first Sunday of March. ULead students have nominated the Urangan Boat Harbour as the focus for our clean up this

The official sign up will take place at 8.00am at The Ocean Store, 17 Buccaneer Dr, Great Sandy Straits Marina, Urangan. After signon all participants will meet on the grassed area opposite the whale sculpture on Buccaneer Drive ready for a 9.00am start, after a safety briefing. This will also be the end point of the clean up where light refreshments will be provided.

Please RSVP by Friday 28th February for catering purposes.

Excursion: Clean Up Australia Day

Meeting Point: The Ocean Store, 17 Buccaneer Drive, Great Sandy Strait Marina, Urangan Venue:

Date: Sunday 2nd March 2025 Meet and sign on at 8.00am Start: Safety briefing at 8.45am

Start clean-up at 9.00am

10.30am Finish: Cost: Nil

Comfortable clothes, closed footwear and sufficient sun protection. Please wear our SCHOOL HAT. Gloves Requirements:

and bags will be provided. Bring water and a snack.

Ruby Peinke (07) 4197 0111 (contact number on the day 0402 024 102) Contact:

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

If you wish for your child to participate in the activity, please complete the permission slip and 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 rpein2@eq.edu.au or (07) 4197 0111.

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 **Program Coordinator** Student Leadership

GEMMA GUTTRIDGE Head of Department Student Leadership

TONY MCCORMACK **Principal**

Permission Slip: Clean Up Australia Day Sunday 2nd March

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

Date: Parent / Guardian Signature:

Teacher: PEINRU

....PTO/2

Web Phone 07 4197 0111

uranganshs.qld.edu.au Email principal@uranganshs.eq.edu.au

Mail CRICOS

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







MEDICAL INFORMATION FORM

Excursion	Clean Up Australia Day Sunday 2 nd March Staff code		GUTTGE				
1: Student & p	oarent/carer de	etails					
Student name							
Date of birth			Year level				
Parent/carer name		Parent/carer contact number					
Medicare number Private Health membership n							
Medical practit	ioner		Medical practition number	oner phone			
2: Health cond	ditions						
2.1. Does the student have any health conditions that the school has not advised of?			has not been previously	☐ Yes (go to 2.2)		□ No ((go to 2.3)
☐ Asthm	a 🛮 Anaphy	alth condition/s: rlaxis □ Diabetes □ Epilepsy above as soon as possible to plan if the s	☐ Other: student requires medication or add	litional overnight	support.		_ ;
2.3. Does the student have a current / previous injury that may affect their participation that the school has not been previously advised of?				☐ Yes (go to 2.4)		□ No (go to 3)	
2.4. Describe the injury:							
3: Medication requirements							
3.1 Will the student require medication during this excursion?				☐ Yes (go to 3.2)		□ No (go to 4)	
3.2 Does the student require staff to administer their medication?					3.4)	□ No (go to 3.3)	
3.3 Does the student have approval to self-administer their medication?						□ No	
3.4 Does the medication require special storage? □ Yes						□ No	
If the answer was YES to any of the questions above: complete a <u>Consent to administer medication</u> form, attach relevant advice from the health practitioner e.g., action plan, letter, medication order contact the staff member above as soon as possible so that the student's medication needs can be supported.							
4: Dietary req	uirements						
4.1 Does the student have specific dietary requirements?					o 4.2 & 4.3)		
4.2 List the foods/ingredients your child is NOT to eat:							
4.3. Please circle why the student cannot eat the above, e.g., religious, cultural, allergic/anaphylaxis, vegetarian.							
5: Travel and	away-from-ho	me issues			115 846		
5.1. Does the student experience travel/motion sickness? If YES and the student requires medication for travel/motion sickness, complete a <u>Consent to administer medication form</u> and provide the school with the medication.						□ Yes	□ No
5.2 Does the student require night bedwetting management or require an appliance / device at night?						□ Yes	□ No
5.3 Does the student sleep walk, have night terrors / fears / phobias / anxiety, or have any other issue/s?						□ Yes	□ No
If the answer was YES to either 5.2 or 5.3: contact the staff member above as soon as possible so that the student's needs can be supported.							
excursion identifie	ed below. The info.	nt of Education is collecting this personal int rmation will only be used by authorised emp nt, or we are required by law to do so	formation in order to support the hea ployees of the department. The infor	alth needs of the i rmation will not be	named stude e given to an	nt during th y other per	e son or
6: Declaration						The R	
I have reviewed the information provided in this form and confirm that this information is accurate.							
Name of parent/carer							
Signature				Date:			

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