

8<sup>th</sup> February 2024

Dear Parent/Guardian

As part of the transition to high school, we are excited to offer our Year 7 cohort a 3-day camp in Mapleton on the Sunshine Coast. The camp will run in Term 2, from Monday 13<sup>th</sup> May until Wednesday 15<sup>th</sup> May 2024. The intention of the camp is to promote a sense of community and connectedness amongst the cohort, to encourage positive relationships amongst the students and between the students and their teachers. This camp will also encourage the development of team building and leadership skills.

The total cost of this camp experience is **\$350**. To ensure your child is included in this Year 7 camp opportunity, a \$100.00 deposit must be paid by Friday 15<sup>th</sup> March 2024. Deposits can be paid to Qkr! YR7 Camp or in person at Student Services or Reception. If you'd like to pay through Centrepay, please email [centrepay@uranganshs.eq.edu.au](mailto:centrepay@uranganshs.eq.edu.au) to organise this.

The aims of the camp will be achieved through a variety of exciting and challenging activities which will include, Archery, Abseiling, Flying Fox / Zip Line, Giant Swing, Canoeing and Orienteering.

**Excursion:** Year 7 Camp  
**Venue:** Queensland Camping and Conference Centre Mapleton  
**Date:** 13<sup>th</sup> May 2024 to 15<sup>th</sup> May 2024  
**Departure/Start:** 7:30am – loading from 7:00am  
**Arrival/Finish:** 2:30pm  
**Cost:** **\$350**  
**Payment Due:** Final camp payment will be due on 19<sup>th</sup> April 2024

If you wish for your child to participate in the excursion, please complete the permission slip below, medical form attached and pay the **\$100.00 deposit by 15<sup>th</sup> March 2024**. Parents and students will be provided with further information about camp towards the end of Term 1.

Yours faithfully



**GEMMA GUTTRIDGE**  
 Head of Year 7



**REBECCA FUERY**  
 Business Manager



**TONY MCCORMACK**  
 Principal

**Permission Slip: Year 7 Camp 13<sup>th</sup> May to 15<sup>th</sup> May 2024**

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

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Teacher: GUTTGE**

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 <a href="mailto:centrepay@uranganshs.eq.edu.au">centrepay@uranganshs.eq.edu.au</a>	<input type="checkbox"/> B-Point

PTO/2



Consent to participate in High Risk level activity

Activity: **ABSEILING – HIGH RISK:** Students will complete abseiling which takes place on an engineer-designed and approved tower. It has 3 different stages including an overhand used for more advanced groups. **FLYING FOX / ZIP LINE – HIGH RISK:** Any ropes activity where the participant's safety can no longer be achieved by spotting, and which requires safety systems such as harnesses, belay systems, specialist safety equipment or other established methods or systems. **ARCHERY - HIGH:** Students will learn the skills and techniques required to get as close to the bullseye as possible. Students will learn about the history of Archery while getting first-hand experience at shooting a bow and arrow themselves. If it's raining students can shoot indoors at two all-weather ranges. Students will be under direct supervision by trained supervisor and under teacher supervision too. **GIANT SWING - HIGH:** Giant Swing is a high ropes challenge supported by harnesses, ropes and pulley system designed to support the safety of the climber. **CANOEING - HIGH:** canoeing lake is a 120 meter long, 50 meters wide and is partly sheltered by an island in the centre. All students will gain some knowledge before venturing out onto the lake. At any point, the students are no more than about 225 meters from land with a maximum depth of 2.2 meters.

Inherent Risk Level: High.

**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 Year 7, to participate in the Archery, Abseiling, Flying Fox / Zip Line, Giant Swing, Canoeing, Orienteering activities on 13th – 15th May 2024 inclusive.
- 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.

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

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

# URANGAN STATE HIGH SCHOOL – CONSENT/MEDICAL FORM

**EXCURSION Year 7 Camp 13th May to 15th May 2024**

**TEACHER: GUTTGE**

**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 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.*

