



# Palm Beach-Currumbin State High School

Thrower Drive Palm Beach 4221  
Locked Mail Bag PO Currumbin 4223  
Phone: 07 5525 9333  
pbc-shs.eq.edu.au

## Privacy Statement

The Department of Education is collecting this personal information in order to:

- obtain consent for the child/student to participate in the excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.

## Excursion consent form - GCSS Mountain Biking

<b>Why</b>	The excursion has been approved by the Principal. Its aims are: Students will participate Inter School Mountain Biking during the cluster days.
<b>Who</b>	This excursion is offered to <b>Year 7-11</b> The excursion coordinator is <b>Anya Hart, School Sports Co-ordinator</b> and can be contacted using email address <a href="mailto:sport@pbc-shs.eq.edu.au">sport@pbc-shs.eq.edu.au</a> or phone number <b>0755259333</b> .
<b>When and where</b>	<ul style="list-style-type: none"><li>• 27/02/2024 - Nerang Mountain Bike Trails, 10 Hope St, Nerang, Queensland</li><li>• 20/03/2024 - Nerang Mountain Bike Trails, 10 Hope St, Nerang, Queensland</li><li>• 22/04/2024 - Nerang Mountain Bike Trails, 10 Hope St, Nerang, Queensland</li><li>• 04/06/2024 - Nerang Mountain Bike Trails, 10 Hope St, Nerang, Queensland</li><li>• 24/07/2024 - Nerang Mountain Bike Trails, 10 Hope St, Nerang, Queensland</li><li>• 14/08/2024 - Nerang Mountain Bike Trails, 10 Hope St, Nerang, Queensland</li></ul>

<b>How</b>	<p>Transport to the excursion will be: <b>Students will meet the teachers/coaches at the venue.</b></p> <p>During any travel, Queensland child restraint laws will be followed e.g. seatbelts, booster seat or cushion.</p>
<b>What</b>	<p>During the excursion, students will be undertaking the following activities:</p> <ul style="list-style-type: none"> <li>• Participating in Inter School Mountain Biking during the GCSS Cluster Days</li> </ul>
<b>Cost</b>	<p>This excursion will cost <b>\$40.00</b>. If you consent for your child to participate, an invoice will be sent to you for this amount. For information on the school's refund policy, contact the school.</p>
<b>Additional requirements</b>	<p>Students are required to wear their REDS sports uniform or SPX uniform travelling to and from the venue. All students should have a hat, food and drink. Students are expected to follow the safety requirement as outlined by the PBC or venue staff. Students are responsible for their own sun safety, this including wearing a hat when necessary, applying sunscreen and seeking shade when available.</p>

## For further information

For information on behaviour expectations, access the Student Code of Conduct at <https://pbc-shs.eq.edu.au/SupportAndResources/FormsAndDocuments/Documents/strategic-documents/student-code-of-conduct-2021-24.pdf#search=code%20of%20conduct>.

For information on:

- risk assessment
- reasonable adjustments for children/students with disabilities, medical or individual requirements
- other details about this excursion

Contact - **Anya Hart, School Sports Co-ordinator** using email address [sport@pbc-shs.eq.edu.au](mailto:sport@pbc-shs.eq.edu.au) or phone number **0755259333**.

## Health information

The school collected health information about the student at registration/enrolment. Please answer the following questions and provide the required details

Is there any new or updated health information (e.g. health condition / medication / dietary requirements / travel issues) which may affect the student's full participation in the excursion?

Yes  No

If yes, please provide all relevant information, so these health needs can be considered during the planning of the excursion.

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## Emergency contact information

It is important that the school can contact you easily if there is an emergency during the excursion. Please enter emergency contact details.

\_\_\_\_\_  
Emergency contact name for the duration of the excursion

\_\_\_\_\_  
Emergency contact phone number

\_\_\_\_\_  
Email address

### Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student is injured as a result of an accident or incident while participating in the excursion, 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 the parent/carer has private health insurance, some costs may also be covered by that provider. Any other costs must be covered by the parent/carer. It is up to parent/carer to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this excursion.

## Consent information

**School name:** Palm Beach-Currumbin State High School

**Return form by:** 27/02/2024

To give consent for the student to participate in this excursion, you must agree to all the following statements:

- I have read all of the information in relation to the excursion (including any attached material).
- I am aware that the department does not have personal accident insurance cover for students.
- I will pay the school the excursion costs.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require.
- 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.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration/enrolment and where relevant have updated this information.
- I give consent for contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions.

Consent declaration \*

Yes, I agree  No, I do not agree

\_\_\_\_\_

Student name

\_\_\_\_\_

Class and year level

\_\_\_\_\_

Print parent/carer name

\_\_\_\_\_

Print parent/carer signature

\_\_\_\_\_

Date

\_\_\_\_\_

Phone number

\_\_\_\_\_

Email address

Return all pages of the excursion consent form to the school office. You may wish to keep a copy for your own records.