



39 Ritchie Road
Pallara Qld 4110
P: (07) 3727 4222
E: admin@pallarass.eq.edu.au
www.pallarass.eq.edu.au

18 March 2024

Dear Parents/Carers,

Re: Year 2 Beenleigh Historical Village and Museum Excursion

On **Friday 3rd of May**, Year 2 students in 2 Red, 2 Blue, 2 Purple, 2 Aqua & 2 White have the opportunity to participate in an excursion to Beenleigh Historical Village and Museum.

The aim of the activity is to complete a day of learning centred around the Year 2 curriculum for our HASS unit – ‘How and why has technology changed over time’. As part of our learning about our history, we will explore some of the cultural heritage buildings and experience what life was like in the olden days.

Activity details:

| | |
|-----------------------|---|
| Date and Time: | Friday 3 rd of May 2024 - 8:20am to 2:10pm |
| Transport | Bus to and from Pallara State School |
| Venue: | Beenleigh Historical Village and Museum |
| Cost: | \$23.50 |
| Due Date: | Wednesday 17 th of April. Payment methods – Bpoint via invoice |
| Dress Code: | Pallara State School Uniform and Hat |
| What to Bring: | Packed lunch and water bottles |

To indicate your consent for your student to participate in this activity, please complete the attached form and return it to the classroom teacher by payment due date.

You will be emailed an invoice for this activity. Please make payments by the above due date for your child to attend. No late payments will be accepted and no refunds will be made if your child is unable to attend.

Should you have any queries regarding this activity, please do not hesitate to contact the school or coordinating Teacher Courtney Dickinson on cedic0@eq.edu.au

Kind Regards,

Ben Moriarty, Katie Joye, Stephanie Turner,
Ashleigh Murphy, Alyce Le, Claudia Gray,
Mel Sharpe, Courtney Dickinson,
Emma-Jean Cooper, Dee Albert

Kimberley Nicholls

Year 2 Teachers

Deputy Principal Years 1 & 2

Activity consent form – Year 2 Beenleigh Historical Village and Museum Excursion

I permit my child _____ class _____
to participate in the following activity:

| | |
|---------------|---|
| Date: | Friday 3 rd of May 2024 |
| Venue: | Beenleigh Historical Village and Museum |
| Cost: | \$23.50 |

| STUDENT'S MEDICAL INFORMATION <i>(Please tick as appropriate)</i> | |
|--|---|
| <input type="radio"/> | I have previously supplied my child's medical information that may affect my child's participation in this event. Condition: ----- |
| <input type="radio"/> | There is NO medical information for my child that requires attention during this excursion. |
| <input type="radio"/> | I have NOT previously provided my child's medical information. *Please email details to admin@pallarass.eq.edu.au |

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 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 activity.

Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students
- I give consent for my child to participate in the identified activity
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity
- I agree to and understand the refund policy as it applies to this activity
- 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, including contacting their 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
- 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 student contact information to be shared in relation to this activity in compliance with relevant Queensland Chief Health Officer's Directions.

| PARENT/GUARDIAN CONSENT: | | |
|---|--|-------|
| Parent/Guardian Name: | | |
| Signature: | | Date: |
| Contact Number: | | |
| <p><u>Privacy Statement</u> The Department of Education is collecting the personal information in this form in order to:</p> <ul style="list-style-type: none"> - obtain consent for the named child/student to participate in the named off-site activity; - help coordinate the off-site activity; - respond to any injury or medical condition that may arise during or as a result of the off-site activity; and - update school records where necessary. <p><i>The information will only be accessed by authorised departmental staff. 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 DET permission for the information to be disclosed. e.g. in compliance with relevant <u>Queensland Chief Health Officer's Directions</u></i></p> | | |