



Jamie Nicolson Ave, Edens Landing Q 4207
 PO Box 1454, Beenleigh Q 4207
 P: 07 3826 0333 | F: 07 3826 0300
 E: office@edenslandingss.eq.edu.au
 W: www.edenslandingss.eq.edu.au
 ABN: 99 542 570 330

Activity Reference Code for Internet Banking: **Goldrush**

12 February, 2018

Dear Parents/Caregivers,

Students in Year 5 have the opportunity to participate in an excursion to a Gold Rush Experience on Monday, 19 March. This term, the students will be learning about life on the Goldfields and they will be able to experience a little of what life was like in those times. They will be participating in role-play scenes using props when panning for gold, or as a Trooper arresting licence dodgers, or cooking damper in a camp oven. Please read the following information and return the permission forms, medical information and the Disclaimer as soon as possible to your child's teacher.

WHO	Year 5
WHEN	19 March, 2018
TIMES	Depart: 8:45am Return : 2:45pm
WHERE	Eureka Excursion Goldrush site at Belivah
TRANSPORT	Bus
WHAT TO BRING	Packed Morning tea and lunch in disposable wrapping. Re-fillable water bottle, sunscreen, and raincoat in a bag for all of your belongings. Please clearly name all belongings.
WHAT TO WEAR	Appropriate costume for 1851 eg: Miner, Baker, Trooper, Storekeeper, etc. NO BUSHRANGERS Closed in shoes, wide brimmed Hat
COST	\$ 32.00 ** Plus an extra 20c to pay for your miner's licence (don't include this amount in your payment- children are to bring 20c on the day).
ABSOLUTE LAST DAY FOR PAYMENT	By 10:30 Wednesday 14 March. Late payments will not be accepted

LEO HOPKINSON
on behalf of Year 5


GAIL QUIGLEY
Principal

CHERYL GIBSON
Deputy Principal



Jamie Nicolson Ave, Edens Landing Q 4207
 PO Box 1454, Beenleigh Q 4207
 P: 07 3826 0333 | F: 07 3826 0300
 E: office@edenslandingsq.edu.au
 W: www.edenslandingsq.edu.au
 ABN: 99 542 570 330

PAYMENT OPTIONS:

	<p align="center">Pay Online through BPoint https://www.bpoint.com.au/payments/dete Biller Code: 1002534 (Department Of Education And Training) CRN and Invoice number are on the attached invoice</p>
<p>DIRECT DEPOSIT/ INTERNET BANKING Payments close 3 working days before cash due date</p>	<p>School's Bank A/c Name Edens Landing State School BSB Number 064-401 Account Number 10158334 Child's Reference Code Child's last name & initial Activity Reference Code Goldrush</p>
<p>CREDIT CARD PAYMENTS Payments close 3 working days before cash due date</p>	<p align="center">Via BPoint link shown above Payments must be received by 10.30am on 14 March 2018</p>
<p>CASH, EFTPOS CREDIT CARD</p>	<p align="center">OFFICE PAYMENTS WINDOW Wednesday Only: 8.15 – 10.30am CASH, EFTPOS or CREDIT CARD</p>
<p align="center"><i>Only students who have paid in full by 10.30am on 14 March, 2018 will be able to participate.</i> Late payments will not be accepted.</p>	

Dear Parents/Caregivers

We are excited to offer your child/ren the opportunity to visit – The Goldrush

Please note the following important information about the excursion.

- *This excursion will only take place if sufficient interest is indicated by the due date for payment. Payments will be refunded in full should the excursion not go ahead.*
- *Your child's attendance is dependent on their behaviour at school this term. Students considered high risk will not be permitted to attend the excursion, as we put the safety of our students above everything else.*
- *Only students who have paid in full by 10.30am on 14 March 2018 will be able to participate. Internet banking payments close on 3 working days earlier than final date. Late payments will not be accepted.*
- *You may arrange a payment plan with the school by speaking with the office prior to the cut-off date.*
- *Students must wear full school uniform for safety reasons. Closed shoes are essential, as is a wide brimmed hat. Lunch as listed in 'What to Bring'.*
- *A medical form must be completed and returned for each child attending.*
- *Classes will continue for those not attending the excursion.*
- *A medical certificate must be provided in order to claim a refund. A refund may or may not be granted. The cost of the bus is always non-refundable. If your child is excluded due to behavior issues no refund can be claimed.*



Jamie Nicolson Ave, Edens Landing Q 4207
 PO Box 1454, Beenleigh Q 4207
 P: 07 3826 0333 | F: 07 3826 0300
 E: office@edenslandingss.eq.edu.au
 W: www.edenslandingss.eq.edu.au
 ABN: 99 542 570 330

**EDENS LANDING STATE SCHOOL
 STUDENT MEDICAL RECORD FORM**

1.

Student's name:	Date of Birth:
Excursion/camp:	Date of Excursion/camp:

2. **MEDICAL CONDITION.** Please indicate below any known medical conditions relevant to the above named student. In those instances where there is a "YES" response, please describe the nature of the problem or provide a letter from your doctor.

Medical Condition	Circle	Details
Recent Illness/Injuries/Operations	YES/NO	
Allergies	YES/NO	
Drug Reactions (eg: penicillin allergy)	YES/NO	
Phobias	YES/NO	
Diabetes	YES/NO	
Travel Sickness	YES/NO	
Asthma	YES/NO	
Blood Pressure	YES/NO	
Epilepsy	YES/NO	
Heart Problems	YES/NO	
Respiratory problems (Other than Asthma)	YES/NO	
Other		
Date of last Tetanus Injection		
Medicare Number		
Health Fund Name and No:		



Jamie Nicolson Ave, Edens Landing Q 4207
PO Box 1454, Beenleigh Q 4207
P: 07 3826 0333 | F: 07 3826 0300
E: office@edenslandingss.eq.edu.au
W: www.edenslandingss.eq.edu.au
ABN: 99 542 570 330

✂ _____ **Cut and Return to Classroom Teacher by 14 March** _____

I hereby give permission for my child _____ in class _____
to be involved in the Goldrush excursion on Monday 19 March 2018.

I acknowledge that late payments will not be accepted.

- I enclose payment with this form
- I have paid via direct deposit and my confirmation receipt number is: _____
- I enclose the completed medical form

Parent name: _____ Signed: _____ Date: / /

Insurance disclaimer: Please be aware that when involved in activities there is an inherent risk of physical injuries occurring. Injuries may occur without any negligence on the part of the school and in such circumstances the responsibility for the injury and any associated costs will rest with you, not the school. Please take this into consideration in deciding whether or not to allow your child to participate in this activity. You may choose to obtain private insurance coverage, and the school would appreciate details of any medical/accident insurance you have in place for your child.



Jamie Nicolson Ave, Edens Landing Q 4207
 PO Box 1454, Beenleigh Q 4207
 P: 07 3826 0333 | F: 07 3826 0300
 E: office@edenslandingss.eq.edu.au
 W: www.edenslandingss.eq.edu.au
 ABN: 99 542 570 330

3. MEDICAL PRACTITIONER

Name of Family Doctor	
Address	
Telephone Number	()

4. CURRENT PRESCRIBED MEDICATIONS

The medication/s listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion/camp indicated in Section 1.

I hereby request the teacher accompanying the excursion, who has been so authorised by the Principal, to administer the medication/s in accordance with the instructions written on the medication container/s by the pharmacist in accordance with the medical practitioner's instructions. I understand that all unused medication/s will be returned to me.

Signature of Parent/Caregiver: _____

Print Name: _____

Date / /

NAME OF MEDICATION (including mg/mls)	DOSAGE	TIMES FOR ADMINISTRATION

5. DISCLAIMER

I hereby authorise the medical practitioner identified in Section 3 to provide to hospital authorities or other qualified medical practitioner(s) additional information concerning any of the medical conditions identified in Section 2 should such need arise.

Signature of Parent/Caregiver: _____

Print Name: _____

Date / /

6. AUTHORITY

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur. I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by my personal/family ambulance subscription, medical benefits fund (or travel insurance in the case of overseas travel.)

I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise.



Jamie Nicolson Ave, Edens Landing Q 4207
PO Box 1454, Beenleigh Q 4207
P: 07 3826 0333 | F: 07 3826 0300
E: office@edenslandingss.eq.edu.au
W: www.edenslandingss.eq.edu.au
ABN: 99 542 570 330

I understand that, should such circumstances arise the supervising teachers will endeavour to contact me by phone in the first instance.

Signature of Parent/Caregiver: _____

Print Name: _____

Phone Contact: Home () _____
 Work () _____
 Mobile _____