



COOLUM STATE SCHOOL

*Community * Strength * Success*

School Road (PO Box 374) Coolum Beach QLD 4573

Email: info@coolumss.eq.edu.au Web: www.coolumss.eq.edu.au

ABN: 35 029 076 692 Phone: 07 5471 9300

EXCURSION INFORMATION FORM

Parliament House Visit

09 September 2025

Dear Parent / Carer

The School Council and School Captains are invited to attend a **Parliament House tour in Brisbane.**

Details are as follows:

Purpose of Excursion	To enable students in a leadership position to see the workings of Queensland Government in Brisbane.
Location of Excursion	Parliament House, Brisbane and surrounding areas.
Date of Excursion	Tuesday October 14, 2025.
Excursion Cost	\$15 per student contribution towards bus travel
Transport	Bus <input checked="" type="checkbox"/> Private Vehicle <input type="checkbox"/> Other: <input type="checkbox"/>
Itinerary	7.30 am Depart Coolum State School Bus Stop 9.30 am (approximately) Arrive Brisbane Botanic Gardens, morning tea 9:45 am – 10:15 am Walk around gardens and gather information around the history of the area 10:30am – 12:00 am Parliament House Visit and Tour 12.00pm -12.30pm Lunch 12:30 pm – 1:15pm Visit to Old Government House 1:30 pm Depart Brisbane 3:00 – 3:30 pm Return Coolum State School Bus Stop (depending on traffic)
Dress Requirements	<input checked="" type="checkbox"/> Full Formal (Blue) School Uniform <input type="checkbox"/> Sports Uniform <input type="checkbox"/> Non-Uniform
Equipment	Hat
Meal Arrangements	Morning tea, lunch and water bottle to be brought by student.
Due Date	Tuesday October 7, 2025.
Payment Options	<input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> BPoint <input checked="" type="checkbox"/> Credit Card Please Note – Credit Card payments cannot be taken over the phone.
Document/s to be returned	<input checked="" type="checkbox"/> Excursion Consent Form <input checked="" type="checkbox"/> Payment (to be paid on issue of invoice)

Please complete the Excursion Consent Form overleaf and return to the Administration Office by the Due Date for the student's attendance to be confirmed. This page can be kept at home for information.

Yours sincerely

JT Moore M Maas-Albrecht

Judith Moore and Mysel Maas-Albrecht
Excursion Coordinators

Mrs Shannyn Taylor
Principal





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EXCURSION CONSENT FORM The Parliament House Visit (Please return to school)

Privacy Statement

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

- 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.

Where applicable, the information is being collected in accordance with section 102 of the Education and Care Services National Regulations and the Education and Care Services Regulation 2013 (Qld).

The information will only be accessed by authorised departmental staff and stored securely. The information will be dealt with in accordance with the confidentiality requirements of, as applicable, section 426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cth). 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.

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 the named child _____ in class _____ to participate in the Student Council and School Captains Parliament House Visit on Tuesday 14 October, 2025.
- I am aware that my child will travel by bus from Coolum State School to Parliament House, Old Government House and Brisbane Botanic Gardens and back to school on the completion of the excursion.
- 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/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:

Additional medical information

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

You may also wish to update/provide the following optional information:

Name of child/student's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if applicable): _____ Membership No.: _____

*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

☐ I would like this additional information to be recorded in OneSchool records.

