

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

17 September 2025

Dear Parent / Carer

Year 6 students are invited to attend a Beach Safety program at Coolum Beach in term 4. The program aims to change behaviours and save lives through education and increased understanding of vital beach and water safety messages in a fun and interactive environment. The total cost is subsidised by the Sporting Schools program, an Australian Government initiative along with the P&C.

Surf Life Saving Queensland will supply qualified staff that hold their Bronze Medallion, plus 1 supervisor, all equipment required by SLSQ Staff to conduct the program and all resuscitation and first aid equipment to be used when needed. An overview of this valuable program is below:

	Rotation 1 25 mins	Rotation 2 20 mins	Rotation 3 20 mins	Rotation 4 15 mins	Rotation 5 20 mins	Rotation 6 20 mins
Yr 5 Group 1	Beach Safety Presentation & Safety Briefing	Wading Dolphin Diving	Nipper Boards	Snack Break (reapply sunscreen)	Tube Rescues	Flags
Yr 5 Group 2	Beach Safety Presentation & Safety Briefing	Flags	Wading Dolphin Diving	Snack Break (reapply sunscreen)	Nipper Boards	Tube Rescues
Yr 5 Group 3	Beach Safety Presentation & Safety Briefing	Tube Rescues	Flags	Snack Break (reapply sunscreen)	Wading Dolphin Diving	Nipper Boards

Date of Excursion

Wednesday 29 October, 5 November and 12 November. Half day program. 6Q, 6S and 6N departing school at 8.30am. 6G, 6D and 6E departing school at 11.00am.

Excursion Cost

\$30.00

Transport

Bus ☒ Private Vehicle ☐ Other: ☐

Equipment or special information

Students will need to bring togs, towel, wet shirt, hat, plastic bag and sunscreen. Students with medical requirements must have medication (e.g. due to conditions such as diabetes, asthma, travel sickness, allergies or anaphylaxis).

Due Date

Tuesday 21 October 2025

Payment Options

☒ Cash ☒ BPoint ☒ Credit Card

Please Note – Credit Card payments cannot be taken over the phone.

Document/s to be returned

☒ Excursion Consent Form
☒ Payment

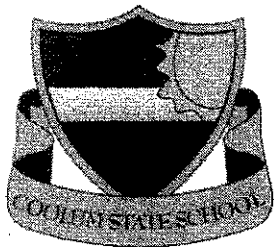
Please complete the Excursion Consent Form overleaf and return to the Administration Office with payment upon receipt of invoice, for the student's attendance to be confirmed.

Yours sincerely

Ben Moody
Excursion Coordinator

Mrs Shannon Taylor
Principal





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EXCURSION CONSENT FORM

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 Beach Safety Program excursion to Coolum Beach on Wednesday 29 October, 5 & 12 November 2025.
- 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 excursion (see Activity costs).
- I am aware that my child will travel by bus from Coolum State School to Coolum Beach and then back to school on 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.