

# COOLUM STATE SCHOOL

*Community \* Strength \* Success*

School Road (PO Box 374) Coolum Beach QLD 4573

Email: [info@coolumss.eq.edu.au](mailto:info@coolumss.eq.edu.au) Web: [www.coolumss.eq.edu.au](http://www.coolumss.eq.edu.au)

ABN: 35 029 076 692 Phone: 07 5471 9300

## EXCURSION INFORMATION FORM

(Please detach before returning the Consent Form to the Administration Office)

17 September 2025

### 2025 Year 3 Swimming – Coolum Aquatic Centre

Purpose of Excursion Term 4 Water Safety Program  
Location of Excursion Coolum Aquatic Centre  
Date of Excursion Monday 13 October to Thursday 16 October 2025 – 4 sessions  
Excursion Cost \$38.00

Transport Bus ☒ Private Vehicle ☐ Other: ☐

	Class	Leave school	Return to school
Itinerary	3J	8:45am	9:55am
	3W	9:25am	10:35am
	3T	10:05am	11:15am
	3G	10:45am	11:55pm
	3P	11:25am	12:35pm
	3E	12:05pm	1:15pm

Equipment Swimmers, sun-shirt, goggles, swimming cap, towel, sunscreen.

Due Date 7 October 2025

☒ Cash ☒ BPoint ☒ Credit Card

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

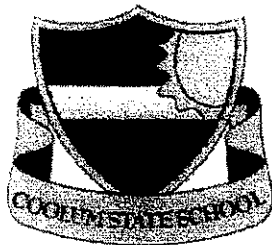
Document/s to be returned ☒ Excursion Consent Form  
☒ Payment

Please complete the Excursion Consent Form attached and return to the Administration Office with payment no later than the Due Date above, for the student's attendance to be confirmed.

Yours sincerely

Mr Paul Prokopuk  
Deputy Principal

Mrs Shannyn 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 **Term 4, Year 3 Water Safety Program** each day from Monday 13<sup>th</sup> of October to Thursday 16<sup>th</sup> October 2025.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity.
- I am aware that my child will travel by bus from Coolum State School to Coolum Aquatic Centre and back to school each week until completion of the program.
- I understand Coolum State School has Refund Guidelines in line with Education Queensland policy and it applies to this 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.

