**Excursion consent form – <insert name and date/s of excursion>**

***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 excursion;*

*- help coordinate the excursion;*

*- respond to any injury or medical condition that may arise during or as a result of the excursion; and*

*- update school records where necessary.*

*The information will only be accessed by authorised departmental staff*. *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*](https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers)*.*

On <insert date/s>, we will be <insert excursion description> (the excursion) as part of our <insert program>.

The aims of the excursion are <insert educational aims/learning outcomes/enrichment experience>.

Excursion details: <Outline all relevant details about the excursion. Provide sufficient information about the nature of the excursion and the activities involved so that informed consent can be provided>

<As a minimum, this information should (as applicable) include:

* excursion details (e.g. date/s, arrival and departure times, location/s)
* proposed activities to be undertaken
* supervision arrangements (e.g. group size, teacher-in-charge)
* transport to be used (e.g. detail any travel arrangements during the excursion) Note: if using private transport, explicit consent must be provided to cover this. See [Private transport consent form](https://ppr.qed.qld.gov.au/attachment/private-transport-consent-form.docx)
* accommodation (if applicable)
* appropriate dress code for the excursion (e.g. list suitable clothing to be worn and any protective clothing that may be required such as hat or closed in shoes)
* Student Code of Conduct (for P-12 students only, insert hyperlink for your school’s Student Code of Conduct)
* expectations and conditions of [student use of mobile devices](https://ppr.qed.qld.gov.au/policiesandprocedures/Pages/student-use-of-mobile-devices-procedure.aspx) (insert details e.g:
  + <mobile phones and wearable devices with notifications enabled are **not** permitted to be used during this activity unless the student has an exemption > OR
  + <mobile phones and wearable devices with notifications enabled are permitted to be used during this activity under the following conditions <insert conditions of use including specified times>)
* any precautions to be taken (e.g. sunscreen, water bottles)
* any information relevant to students/children with disability (e.g. reasonable adjustments made, specialised or additional support) and/or medical and individual requirements (e.g. diabetes, asthma, travel sickness, allergies or anaphylaxis).>

<For excursions involving children in a kindergarten learning program, schools refer to their Kindergarten’s policy/procedure (reflecting the [Excursions Policies and Excursions Procedures Guidelines](https://www.acecqa.gov.au/sites/default/files/2021-08/ExcursionsPolicyGuidelines.pdf)) and the following information **must** also be included in the consent form in order to meet the legislative requirements of the *Education and Care Services National Law* (Qld) and the [Education and Care Services National Regulations](https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-ecsnr)*,* specifically,Regulations 99-102:

* anticipated number of children who will attend the excursion
* anticipated ratio of educators to children during the excursion (according to age where relevant)
* anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion
* a risk assessment about the excursion is available for parents to access
* requirements for seatbelts or safety restraints under a law of the jurisdiction in which the children are being transported (if the excursion involves transporting children).>

Excursion costs: <Outline all costs and any refund policy (see the [excursions and camps](https://intranet.qed.qld.gov.au/Services/Finance/Revenue/excursions) (DoE employees only) page for guidance)>

If you wish for your child/student to participate in the excursion, please complete this consent form and return all pages (including this page) to:

<Insert name of school’s contact and contact details>

<Detail request for volunteer adult supervisors here if required>

For further information about the excursion, please contact <name of contact at school> on <insert telephone number and email>.

**<Name of Principal>** **< Name of** **Teacher/Coordinator>**

Principal <Title of position>

<Name of school>

**<DO NOT REMOVE THIS SECTION>**

**Activity risks and insurance**

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer 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 excursion (including any attached material)
* I am aware that the department does not have personal accident insurance cover for children/students.
* I give consent for the named child/student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ <insert child’s/student’s name> to participate in the identified excursion.
* I will pay to the school the costs detailed in this consent form for the child/student’s participation in the excursion.
* I agree to and understand the refund policy as it applies to this excursion (see Excursion costs)
* 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 child/student contact information to be shared in relation to this excursion in compliance with relevant [Queensland Chief Health Officer’s Directions](https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers).

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| --- | --- | --- | --- |
| Parent/Carer/Student\* | Name: |  | |
| Phone number: |  | |
| Email address: |  | |
| Signature: |  | Date: |
| Emergency contact information for the duration of this excursion | Name: |  | |
| Phone number/s: |  | |

**<DELETE THIS SECTION IF USING THE *STUDENT HEALTH INFORMATION - EXCURSIONS* FORM>**

**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 excursion described in the form.

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**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.:\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**