Caningeraba State School

Whistler Drive Burleigh Waters 4220
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Phone: 07 5568 6333
caningerabass.eq.edu.au

Privacy Statement

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

- obtain consent for the 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.

Excursion consent form - Yr 2 & 3 Swim Program

Why	The excursion has been approved by the Principal. Its aims are: As an integral part of our PE curriculum, swimming lessons for your child will commence in Week 2 of Term 4. Lessons will comprise of 5 x 40-minute sessions and will be conducted over a five-week period on Wednesdays 14 October, 21 October, 28 October, 4 November and 11 November.
Who	This excursion is offered to **Year 2 & 3 Students** The excursion coordinator is **Administration, Admin Officer** and can be contacted using email address **admin@caningerabass.eq.edu.au** or phone number **55686333.**
When and where	• 14/10/2026 - Miami Aquatic Centre • 21/10/2026 - Miami Aquatic Centre • 28/10/2026 - Miami Aquatic Centre • 04/11/2026 - Miami Aquatic Centre • 11/11/2026 - Miami Aquatic Centre

How	Transport to the excursion will be: **Bus.** Leaving from: **Caningeraba State School** at **various times.** Returning to: **Caningeraba State School** at **various times.** During any travel, Queensland child restraint laws will be followed e.g. seatbelts, booster seat or cushion.
What	During the excursion, students will be undertaking the following activities: • Swimming, led by qualified swim instructors.
Cost	This excursion will cost **$57.00.** If you consent for your child to participate, an invoice will be sent to you for this amount. For information on the school's refund policy, contact the school.
Additional requirements	Students will need swimmers, swim shirt and a towel. A pair of googles is advisable. Swim caps are encouraged. Please name everything and place in a named bag. Students can bring thongs to school and put them on when it is time for their class to go to the pool, but they must wear shoes for the rest of the school day. • Payment includes transport to and from the pool, pool entry and payment for qualified swim instructors. • Payment of $57.00 is due by Friday 9 October. • Please note that the school cannot provide a refund if your child is unable to participate in this activity as the school will be incurring costs. Mobile phones and wearable devices with notifications enabled are not permitted to be used during this activity. These devices will need to be left at the administration office as per usual procedures for mobile devices. Students need to follow the Student Code of Conduct. If you wish for your child to participate in the activity, please complete this consent form and make the on-line payment by Friday 9 October.

For further information

For information on behaviour expectations, access the Student Code of Conduct at https://caningerabass.eq.edu.au/supportandresources/formsanddocuments/documents/student%20code%20of%20conduct.pdf.

For information on:

- risk assessment
- reasonable adjustments for children/students with disabilities, medical or individual requirements
- other details about this excursion

Contact - **Administration, Admin Officer** using email address **admin@caningerabass.eq.edu.au** or phone number **55686333**.

Health information

The school collected health information about the student at registration/enrolment. Please answer the following questions and provide the required details

Is there any new or updated health information (e.g. health condition / medication / dietary requirements / travel issues) which may affect the student's full participation in the excursion?

◯ Yes ◯ No

If yes, please provide all relevant information, so these health needs can be considered during the planning of the excursion.

Emergency contact information

It is important that the school can contact you easily if there is an emergency during the excursion. Please enter emergency contact details.

Emergency contact name for the duration of the excursion

Emergency contact phone number

Email address

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 excursion, 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 that provider. Any other costs must be covered by the parent/carer. It is up to 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 excursion.

Consent information

School name: Caningeraba State School

Return form by: 09/10/2026

To give consent for the student to participate in this excursion, you must agree to all the following statements:

- I have read all of the information in relation to the excursion (including any attached material).
- I am aware that the department does not have personal accident insurance cover for students.
- I will pay the school the excursion costs.
- I agree to and understand the refund policy as 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.
- 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 contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions.

Consent declaration *

◯ Yes, I agree ◯ No, I do not agree

Student name	Class and year level	
Print parent/carer name	Print parent/carer signature	Date
Phone number	Email address	

Return all pages of the excursion consent form to the school office. You may wish to keep a copy for your own records.