



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 4 Bike Safety

Why	The excursion has been approved by the Principal. Its aims are: Year 4 students will participate in the Bicycle Safety Program at the Bicycle Safety Centre at the Ashmore Police Citizens Youth Club.
Who	This excursion is offered to Year 4 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	• 13/10/2026 - PCYC Ashmore • 14/10/2026 - PCYC Ashmore • 15/10/2026 - PCYC Ashmore • 20/10/2026 - PCYC Ashmore • 09/12/2026 - PCYC Ashmore • 10/12/2026 - PCYC Ashmore
How	Transport to the excursion will be: Students are transported in the Ashmore PCYC bus to the Ashmore Bicycle Centre.. 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: • bicycle safety in a practical manner by participating in bicycle safety lessons on the purpose-built course at the Bicycle Safety Centre at the Ashmore Police Citizens Youth Club.
Cost	There is no cost for this excursion.
Additional requirements	Tuesday 13 October - 4O Wednesday 14 October - 4G Thursday 15 October - 4W Tuesday 20 October - 4P Wednesday 9 December - 4B Thursday 10 December - 4S • The activities for the day are classed as medium risk activities. Our students will be under the guidance of specially trained instructors. • All helmets and bicycles will be provided so it is not necessary for students to provide their own equipment. • Students will be transported to and from the venue by bus, leaving school at 9:00am and returning by 2:30pm • Students will need to be in full school uniform, with hat and sunscreen. They will need to take their own morning tea, lunch and a water bottle. Activity Costs: There will be no cost for this activity. 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 this activity, please complete this consent form 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.
- 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.