



Jamie Nicolson Ave, Edens Landing Q 4207  
 PO Box 1454, Beenleigh Q 4207  
 P: 07 3826 0333 | F: 07 3826 0300  
 E: office@edenslandingsss.eq.edu.au  
 W: www.edenslandingsss.eq.edu.au  
 ABN: 99 542 570 330

10 October 2017


Year 6 Big Day out

Dear Parent/Guardian,

As is our Tradition, our Year 6 students will be having their "Big Day Out" on Wednesday the 6<sup>th</sup> of December. This year we will once again be heading to Brisbane's South Bank Parklands to go to the movies (Son of Big Foot), have lunch and a quick swim. This is an exciting day and one that will create many memories for our senior students. Please fill out the permission forms attached and utilise the payment options indicated to ensure your child's place on the day.

<b>WHO</b>	Year 6 Students
<b>DATE</b>	Wednesday December 6, 2017
<b>TIMES</b>	Arrive at school no later than 7:30 for an 8:00am departure. Returning at approx. 2:40pm.
<b>WHERE</b>	South Bank Parklands
<b>TRANSPORT</b>	Bus
<b>WHAT TO BRING</b>	Please refer to list below
<b>WHAT TO WEAR</b>	Full School Uniform, Closed in shoes, hat
<b>COST</b>	\$25.00 To cover bus, movie and drink+snack
<b>ABSOLUTE LAST DAY FOR PAYMENT</b>	By 10.00am on Wednesday 22nd November

**PAYMENT OPTIONS:**

 <b>*OUR PREFERRED METHOD*</b>	<p><b><u>OVERPHONE or ONLINE CARD PAYMENT SYSTEM</u></b></p> <p><b>PHONE: 1300 631 073</b></p> <p>To access the QLD State School Card Payment System. Use the CRN and Invoice number located on your invoice.</p> <p>Or Visit <a href="https://www.bpoint.com.au/payments/dete">https://www.bpoint.com.au/payments/dete</a></p> <p>Biller Code: 1002534 (Department Of Education And Training)        * CRN and Invoice number can be found on your invoice *</p> <p><b><i>*Please note: Due to changes in departmental handling of credit card payments we are no longer able to take credit card payments over the phone at school*</i></b></p>
<p><b>DIRECT DEPOSIT/ INTERNET BANKING</b></p> <p>Please allow 3 days before last day for payment for direct payments to reach our account</p>	<p>School's Bank A/c Name <b>Edens Landing State School</b></p> <p>BSB Number <b>064-401</b></p> <p>Account Number <b>10158334</b></p> <p>Activity Reference Code <b>Student Initial &amp; Surname + Yr6BDO</b></p>
<p><b>CASH/EFTPOS</b></p>	<p><b>OFFICE PAYMENTS WINDOW</b>        Wednesday's Only: 8.15 – 10.00am CASH OR EFTPOS</p>
<p><i>Only students who have paid in full by 10.00am on Wed 22 November will be able to participate.        Late payments will not be accepted.</i></p>	

Please note the following important information about the excursion.

- *This excursion will only take place if sufficient interest is indicated by the due date for payment. Payments will be refunded in full should the excursion not go ahead.*
- *Your child's attendance is dependent on their behaviour at school this term. Students considered high risk will not be permitted to attend the excursion, as we put the safety of our students above everything else.*
- *Only students who have paid in full by 10.00am on Wednesday 22 November, 2017 will be able to participate.*
- *To avoid disappointment please use our preferred method of payment-BPOINT- which is received immediately.*
- *You may arrange a payment plan with the school by speaking with the office prior to the cut-off date.*
- *Students must wear full school uniform for safety reasons. Closed shoes are essential, as is a hat. A medical form must be completed and returned for each child attending.*
- *Back at school activities will continue for those not attending the excursion.*
- *A medical certificate must be provided in order to claim a refund. A refund may or may not be granted. The cost of the bus is always non-refundable. If your child is excluded due to behavior issues no refund can be claimed.*

  
**KATIA CURETON**  
Year 6  
Coordinator

  
**GAIL QUIGLEY**  
Principal

  
**KIM MINTER**  
Business Manager

  
**CHERYL GIBSON**  
Deputy Principal

**Insurance disclaimer:** Please be aware that when involved in activities there is an inherent risk of physical injuries occurring. Injuries may occur without any negligence on the part of the school and in such circumstances the responsibility for the injury and any associated costs will rest with you, not the school. Please take this into consideration in deciding whether or not to allow your child to participate in this activity. You may choose to obtain private insurance coverage, and the school would appreciate details of any medical/accident insurance you have in place for your child.

----- **Cut and Return to the office by Wednesday 22 November** -----

### Year 6 Big Day Out

I hereby give permission for my child \_\_\_\_\_ in class \_\_\_\_\_  
to be involved in the Year 6 Big Day Out excursion on Wednesday 6 November.

**I acknowledge that late payments will not be accepted.**

I have paid via BPOINT and my confirmation receipt number is: \_\_\_\_\_

I have paid via internet banking and my confirmation receipt number is: \_\_\_\_\_

I enclose the completed medical form

Parent name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: / /



Jamie Nicolson Ave, Edens Landing Q 4207  
 PO Box 1454, Beenleigh Q 4207  
 P: 07 3826 0333 | F: 07 3826 0300  
 E: office@edenslandingss.eq.edu.au  
 W: www.edenslandingss.eq.edu.au  
 ABN: 99 542 570 330

**EDENS LANDING STATE SCHOOL**

**STUDENT MEDICAL RECORD FORM**

1.

Student's name: .....Date of Birth: .....

Excursion/camp: .....Date of Excursion/camp: .....

2. **MEDICAL CONDITION.** Please indicate below any known medical conditions relevant to the above named student. In those instances where there is a "YES" response, please describe the nature of the problem or provide a letter from your doctor.

Medical Condition	Circle	Details
Recent Illness/Injuries/Operations	YES/NO	
Allergies	YES/NO	
Drug Reactions ( eg: penicillin allergy)	YES/NO	
Phobias	YES/NO	
Diabetes	YES/NO	
Travel Sickness	YES/NO	
Asthma	YES/NO	
Blood Pressure	YES/NO	
Epilepsy	YES/NO	
Heart Problems	YES/NO	
Respiratory problems (Other than Asthma)	YES/NO	
Other		
Date of last Tetanus Injection		
Medicare Number		
Health Fund Name and No:		

**PLEASE COMPLETE BACK**

3. **MEDICAL PRACTITIONER**

Address	
Telephone Number	( )

4. **CURRENT PRESCRIBED MEDICATIONS**

The medication/s listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion/camp indicated in Section 1.

I hereby request the teacher accompanying the excursion, who has been so authorised by the Principal, to administer the medication/s in accordance with the instructions written on the medication container/s by the pharmacist in accordance with the medical practitioner's instructions. I understand that all unused medication/s will be returned to me.

Signature of Parent/Caregiver: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date / /

NAME OF MEDICATION (including mg/mls)	DOSAGE	TIMES FOR ADMINISTRATION

5. **DISCLAIMER**

I hereby authorise the medical practitioner identified in Section 3 to provide to hospital authorities or other qualified medical practitioner(s) additional information concerning any of the medical conditions identified in Section 2 should such need arise.

Signature of Parent/Caregiver: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date / /

6. **AUTHORITY**

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur. I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by my personal/family ambulance subscription, medical benefits fund (or travel insurance in the case of overseas travel.)

I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise.

I understand that, should such circumstances arise the supervising teachers will endeavor to contact me by phone in the first instance.

Signature of Parent/Caregiver: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Contact: Mobile: \_\_\_\_\_ Home/work: \_\_\_\_\_