

28 May 2018

Dear Parent/Carer

Your child has expressed interest in attending an extra-curricular excursion to the **Voices on the Coast** literature festival held at **University of the Sunshine Coast** on **Friday 20 July 2018**. Students can attend author talks, and participate in writing workshops. This is an excellent opportunity for students to engage with authors, their ideas, and their writing.

Activity details:

- o Students must wear **full school uniform for the day**.
- o Students must check-in with their supervising teacher at the **University Bookshop** at **11.30am**. Student mobile # needed in case student doesn't check-in. **Students may not leave the university during the day**.
- o Students are expected to **behave appropriately** whilst at the festival. Parents of a student displaying inappropriate behaviour will be contacted and asked to collect their child.
- o Students can **bring their own** food, or purchase food and refreshments from the university cafés.

Activity Costs:

Students must be in financial good standing (Student Resource Scheme (SRS) fees up to date or entered a payment plan) to participate in the excursion. If you wish to discuss a payment plan please contact the Business Services manager on 5472 2222 for enquiries.

**Refund policy:** Please note some excursion payments are non-refundable due to the nature of pre-payment of the event. If a parent/carers wishes to apply for a refund due to non-participation, please complete a 'Request for Refund' Form from Client Services.

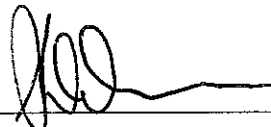
- o Students will travel to and from the venue in the school mini-bus, **leaving NDSHS at 8:25am** sharp and returning in time for afternoon buses. The cost is **\$5.00 for the school bus transport**. This is to be paid to the school.
- o Students must purchase **four tickets** for the day (**one for each session**). The first session begins at 9.15am and the last finishes at 2.15pm. Author talks cost \$8.00 per session and workshops \$15.00. Students can view the day's program online at [www.voicesonthecoast.com.au](http://www.voicesonthecoast.com.au). Ticket purchase details need to be printed and returned to Mrs Collins.

Please discuss these guidelines with your child. If in agreement, please sign permission section below and ask your child to return it to **Mrs Collins** in B block staffroom by Friday of week 10. Any enquiries, please phone 5472 2222. As there is a large amount of interest in this excursion, we will take the first students to return forms and pay. Thanks for understanding.

Yours sincerely



**Mrs M'Leea Collins**  
Teacher  
Noosa District State High School



**Ms Stacy Wilmore**  
Deputy Principal  
Noosa District State High School

**VOICES ON THE COAST PERMISSION AND CONSENT 2018:**



I give permission and consent for my child (first and last name) \_\_\_\_\_ of (home group) \_\_\_\_\_ to participate in Voices on the Coast literary festival on Friday 20 July 2018. I understand that once I have committed to this excursion I am responsible for paying the cost and no refunds are available.

Parent Signature:

Parent Name:

Parent Mobile #:

Student Mobile #:

**Privacy Notice**

The Department of Education and Training is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

**Activity Risks & Insurance**

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, 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 be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, \_\_\_\_\_ (print child's name) in class \_\_\_\_\_ (print class details), to participate in the activity detailed above.
- I agree to pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: \_\_\_\_\_ (Please Print)

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional medical information**

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**You may also wish to provide the following information\*:**

Name of child's medical practitioner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Private Health Insurance Company (if provided): \_\_\_\_\_ Membership No.: \_\_\_\_\_

\*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

- I would like this additional information about my child's medical and physical details to be recorded in OneSchool records.