



# HARRISTOWN STATE HIGH

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ABN: 21 677 021 200

23/10/2024

## Year 10 RYDA Road Safety Excursion 2024

Dear Parent/Carer

All Year 10 students will be attending a road safety excursion conducted by RYDA. This is a free program, sponsored by Transport and Main Roads. Students will engage in interactive presentations and activities designed to provide them with the knowledge and skills required to stay safe on the roads. Details are as follows:

<b>When</b>	Wednesday 20 <sup>th</sup> November 2024
<b>Where</b>	Toowoomba Turf Club (Clifford Park), Hursley Road, Toowoomba Ph 46346066
<b>Transport</b>	Discovery Coaches
<b>Times</b>	Departing from Rowena Park Bus Interchange at 9:00am and returning by 3:00pm.
<b>Dress</b>	Harristown SHS Uniform and appropriate shoes, hat and sunscreen. Students are to bring a pen.
<b>Meals</b>	BYO food, personal water bottle. No food is available to be purchased on the day.
<b>Behaviour expectations</b>	Students are expected to comply with the school's <u>Student Code of Conduct 2021-2024</u> (refer to school website for details). School policy applies for mobile phone unless advised by the supervising teacher.
<b>Supervision</b>	Mr Jamie Krisanski (Year 10 Coordinator), other teachers TBD.
<b>Emergency contact</b>	Via HSHS Office on 4636 8700
<b>Risk level</b>	Activities involved carry medium risks with some chance of injury requiring first aid or medical attention. Risk management processes are in place to minimise the likelihood of injury. Parents are advised that the Department of Education does not have personal accident insurance for students. If your child 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. It is up to all parents/carers 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.
<b>Medical info</b>	Students and staff showing symptoms of cold, flu or elevated temperatures are not to attend or participate. Schools are currently operating under COVID Normal conditions. For more info: <a href="https://qed.qld.gov.au/covid19">https://qed.qld.gov.au/covid19</a> HSHS Staff who are qualified first aiders include: Mr Jamie Krisanski, other teachers TBD 000 will be called if necessary, with ambulance dispatched to above address.
<b>Permission/Medical</b>	Please complete the attached permission/medical form to allow your student to be involved in the activity and return it to the box located at the front office or P&C Shop.
<b>Media info</b>	Images may be taken as part of this activity by the school (staff, centre operations and/or students), the venues and/or the media and used publicly. Students without permission are responsible for removing themselves from photographs and video.
<b>COST</b>	Nil. The excursion is sponsored through a Transport and Main Roads grant.
<b>Deadline</b>	Return permission & medical consent by Friday 15 <sup>th</sup> November to the box located at the front office or P&C Shop.

If you have any questions or concerns, please feel free to contact me on 4636 8700 or [jkris39@eq.edu.au](mailto:jkris39@eq.edu.au).

Kind Regards,

Mr Jamie Krisanski  
Year 10 Coordinator

Mr Liam Holcombe  
Head of Department

Deputy Principal

NAME: \_\_\_\_\_ YEAR: \_\_\_\_\_ FORM: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STUDENT MOBILE: \_\_\_\_\_ STUDENT EMAIL: \_\_\_\_\_@eq.edu.au

Parent/Carer emergency contact	Name:	
	Relationship to student:	
	Phone number:	
	Email address:	
2 <sup>nd</sup> emergency contact	Name:	
	Relationship to student:	
	Mobile number:	

**MEDICAL INFORMATION**

PROBLEMS			DETAILS
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food	YES / NO	If yes, does the student have an EpiPen. YES / NO
	Drug Ointments Other		
DIABETES		YES / NO	
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	
PHOBIAS		YES / NO	
BACK, BONE, JOINT PROBLEMS		YES / NO	
TENANUS BOOSTER		YES / NO	DATE:
OTHER (including allergies)		YES / NO	

(Circle) any 'new' medical information provided above you would like updated in OneSchool records.

**Medication currently being taken:** Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions.

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Please give details of any **problems - medical or physical** - which would limit your student's full participation in any activity, **including any food restrictions and/or allergies.**

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**Activity risks and insurance**

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child 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 you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers 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 and understand all of the information contained in the accompanying letter, including information about transport, media permissions, this consent form and any additional material attached.
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named child/student to participate in the identified activity.
- 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 transport 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 student contact information to be shared in relation to this activity in compliance with relevant Queensland Chief Health Officer's Directions.

Parent/Carer Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

**You may also wish to update/provide the following optional information#:**

Name of child/student's medical practitioner: \_\_\_\_\_ PHONE: \_\_\_\_\_

Name of medical practice (if relevant): \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Student's number on card: \_\_\_\_\_

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

I would like this additional information to be recorded in OneSchool records.

**#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 named off-site activity;
- help coordinate the off-site activity;
- respond to any injury or medical condition that may arise during or as a result of the off-site activity; 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.