HARRISTOWN STATE HIGH

341-367 South Street, Toowoomba Q 4350
PO Box 156, Drayton North Q 4350
Phone: 07 4636 8700

Email: principal@harristownshs.eq.edu.au
Web: www.harristownshs.eq.edu.au
ABN: 21 677 021 200

19 October 2026

Year 10 Wet N Wild 2026

Dear Parent/Carer

To celebrate the end of a successful year at Harristown SHS, students in Year 10 have the opportunity to visit Wet N Wild on the Gold Coast. Details are as follows:

When	Thursday 26th November, 2026
Where	Wet N Wild, Pacific Motorway, Oxenford QLD 4210. PH: 13 33 86
Transport	Discovery Coaches
Times	Departing from Rowena Park Bus Interchange at **7:30 am** and returning at **6:00 pm**.
Dress	Casual – sun smart (hat, sunscreen, and shirt) with appropriate swimwear and towel. Must have dry clothes for the bus trip home.
Meals	Students are encouraged to bring their own lunch and snacks for the day. Food may also be purchased at Wet N Wild. (NO commercially prepared food or beverages) Students are to bring sufficient water for the day.
Behaviour expectations	Students are expected to comply with the school's Student Code of Conduct 2025-2028 (refer to school website for details). School policy applies for mobile phone unless advised by the supervising teacher.
Supervision	Mr Matt Walk (Year 10 Coordinator), other teachers TBD
Emergency contact	Via HSHS Office on 4636 8700
Risk level	Activities involved carry high risks with likely 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.
Medical info	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: https://qed.qld.gov.au/covid19 HSHS Staff who are qualified first aiders include: Mr Walk, Wet N Wild staff. 000 will be called if necessary, with ambulance dispatched to above address.
Permission/Medical	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.
Media info	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.
COST PAYMENT REFUNDS	$61 for entry and bus, $29 for bus only if student has a season-pass. **Paid to the P&C shop as no invoice will be issued for this extracurricular excursion. Final date for payment: Monday 16th November or when places have been filled.** Outstanding fees from previous years must be paid for students to be eligible to participate in this optional activity. Refunds are only made in accordance with the school's refund policy which can be found at https://harristownshs.eq.edu.au/Cocurricular/Campsandexcursions/Pages/Campsandexcursions.aspx
Student involvement	It is a student's responsibility to consult with their teachers to ensure that all assessment has been submitted prior to attending.

If you have any questions or concerns, please feel free to contact me on 4636 8700 or mwalk370@eq.edu.au.

Kind Regards,

Mr Matt Walk
Year 10 Coordinator

Mrs Megan Grohn
A/Head of Department

Mr Liam Holcombe
Deputy Principal

HARRISTOWN STATE HIGH

Year 10 Wet N Wild 2026
PERMISSION AND MEDICAL FORM
Return to box at Office or P&C Shop

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:	
2nd emergency contact	Name:	
	Relationship to student:	
	Mobile number:	

MEDICAL INFORMATION

PROBLEMS			DETAILS
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food Drug Ointments Other	YES / NO	If yes, does the student have an EpiPen. YES / NO
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.

_____

_____

_____

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***.

_____

_____

_____

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.