HARRISTOWN STATE HIGH

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Phone: 07 4636 8700

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15 July 2026

Year 7, 8 & 9 DreamWorld Excursion 2026

Dear Parent/Carer

To celebrate the end of a successful year at Harristown SHS, students in Year 7, 8 and 9 have the opportunity to visit Movie World on the Gold Coast. The details of the trip are as follows:

When	8 December 2026
Where	Pacific Motorway, Oxenford Queensland, 4210, 13 33 86
Transport	Discovery Coaches Note: If personal transport to or from has been arranged, please notify on the permission and medical letter. Please be aware this will not alter the cost.
Times	Departing from Rowena Park Bus Interchange at 8:00am and returning at 6:30pm Please arrive by 7:45am.
Dress	Casual – sun smart (hat, sunscreen, covered shirt) as appropriate for a school excursion.
Meals	BYO food or money to purchase food and a personal water bottle.
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 MacNellie (Year 9 Coordinator), Mr Wealleans (Year 8 Coordinator) and other staff.
Emergency contact	Via HSHS Office on 4636 8700 (if during school hours).
Risk level	Activities involved carry high risks with likely chance of incident and 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. 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 Qualified first aiders will be available at the venue. HSHS staff will have student medical and student emergency contacts as well as a first aid kit on hand
Permission/Medical	Images may be taken as part of this activity by the school (staff and/or students), the venues and/or the media and used publicly. Students without permission are responsible for removing themselves from photographs and video.
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	**$70.00 for entry and bus fare**, $29.00 for bus only if student has a season-pass. Paid to P&C Shop as cash sale. Final date for payment: Monday 23rd November or when places have been filled. Outstanding fees must be paid for students to be eligible to participate in this optional activity. If students have a season pass, this must be presented to P&C Shop staff upon payment to be verified. Refunds are only made in accordance with the school's refund policy which can be found at
Deadline	**Final date for payment: Monday 23rd November. Return permission & medical consent by Monday 23rd November, to the P&C Shop. Ensure you find the box with the first letter of your last name to place it in.**

Please be reminded that it is a student's responsibility to consult with their teachers to make arrangements to catch up on curriculum that is missed as a result of this activity and ensure that all assessment due has been submitted prior to attending.

If you have any questions or concerns, please feel free to contact me on 4636 8700 or ajmac4@eq.edu.au

Kind Regards

Adam MacNellie
Year 9 Coordinator

Megan Grohn
Head of Department

Liam Holcombe
Deputy Principal

Excursion consent form – Dreamworld 2026

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 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the 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 activity.

Consent
By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the excursion (including any attached material)
- I am aware that the department does not have personal accident insurance cover for children/students.
- I give consent for the named child/student, _____ <insert student's name> to participate in the identified excursion.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion costs)
- 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 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 child/student contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions.

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for the duration of this excursion	Name:		
	Phone number/s:		

Additional medical information
The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the excursion described in the form.

_____
_____
_____
_____
_____

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

Name of child/student's medical practitioner: _____ Telephone No.: _____
Medicare No.: _____
Private Health Insurance Company (if applicable): _____ Membership No.:_____

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

HARRISTOWN STATE HIGH

DREAMWORLD 2026 – YEAR 7, 8 & 9
PERMISSION AND MEDICAL FORM
Return to 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	
TETANUS 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.