



3rd March, 2025

Emu Gully Adventure Day

Dear Parent/Carer,

Your child has been invited to attend the Emu Gully Adventure Day. This day will be an opportunity for Year 9 students to undertake a variety of challenges that will focus on team building and cooperation. According to the Emu Gully Site, the programs for students are based on:


'The character values of Courage, Mateship, Sacrifice and Perseverance and are professionally facilitated to enhance learning outcomes both in the moment and with application in real life.'

When	Friday 4 th April, 2025
Where	Emu Gully Adventure Education Group, 142 Twidales Road, Helidon Spa QLD, 4344
Transport	Premier Coaches
Times	Departing from Rowena Park Bus Interchange at 8.00am and arriving back at 3.15pm
Dress	Casual fitting clothes – these will become dirty. A second set of clothes, shoes and a towel will be required. Students will need to bring a bag to transport wet clothes home.
Meals	Lunch will be provided. A water bottle is essential.
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	Ms. Amanda Fraser, Mrs Laura Watson, Mr Stephen Janusaitis, Mr Thomas Knauth
Emergency contact	Harristown SHS office +617 46368700
Risk level	Activities involved carry high risks with a 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: Thomas Knauth 000 will be called if necessary, with ambulance dispatched to above address.
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.
Permission/Medical	Please complete the attached permission/medical form to allow your student to be involved in the activity and return it to Amanda Fraser in B01 by 20 th March, 2025.
COST PAYMENT REFUNDS	\$72 - To be paid online or to P&C Shop as per invoice. Paid Thursday 20 th March, 2025. 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 make arrangements to catch up on curriculum that may be missed as a result of this activity and ensure that all assessment due has been submitted prior to attending.

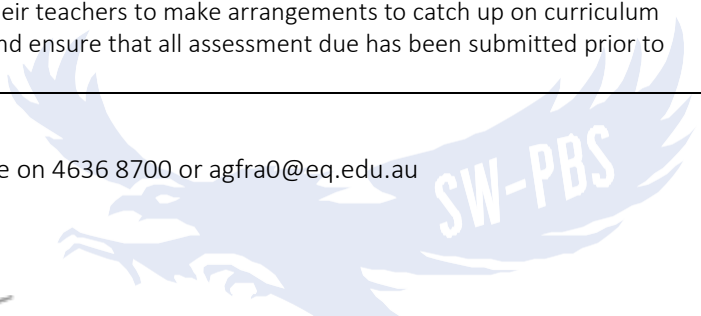
If you have any questions or concerns, please feel free to contact me on 4636 8700 or agfra0@eq.edu.au

Kind Regards,

Amanda Fraser
Year 9 Coordinator


Liam Holcombe
Head of Department

Leanne Monagle
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 nd emergency contact	Name:	
	Relationship to student:	
	Mobile number:	

MEDICAL INFORMATION

PROBLEMS		DETAILS				
HEART PROBLEMS	YES / NO					
RESPIRATORY e.g. ASTHMA	YES / NO					
ALLERGIES	<table border="1" style="font-size: small;"> <tr><td>Food</td></tr> <tr><td>Drug</td></tr> <tr><td>Ointments</td></tr> <tr><td>Other</td></tr> </table> YES / NO	Food	Drug	Ointments	Other	If yes, does the student have an EpiPen. YES / NO
Food						
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.

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](#).