



Dear Parents/Caregivers,

RE: PRESENTATION NIGHT & REHEARSAL – Tuesday 17th October 2023

To assist with preparations for our annual school Presentation Night student awardees are expected to attend a compulsory rehearsal at the Caloundra Events Centre on Tuesday, 17th October 2023.

Date	17 th October 2023	
Where:	The Events Centre, 20 Minchinton Street, Caloundra	
Time	Students will leave Caloundra State High School (CSHS) and return at the scheduled times.	
	9.00 – 11.00am	Junior Secondary (Year 7/8) Year 7 – Depart 9.00am / Return 10.30am Year 8 – Depart 9.15am / Return 10.45am
	10.30 – 12.00pm	Middle Secondary (Year 9/10) Year 9 – Depart 10.30am / Return 11.45am Year 10 – Depart 10.45am / Return 12.00pm
	12.00 – 1.30pm	Senior Secondary (Year 11/12) 11/12 – Depart 12.00pm / Return 1.30pm
	1.00pm – 2.30pm	Performance Groups rehearsal (EDGE)
	Presentation Ceremony	Awardees are required to be back at the Events Centre at 5.30pm for a 6.00pm start time.
Transport	Students will be transported by a local bus charter company from Caloundra SHS and return from the Events Centre.	
Cost	Nil.	
Dress:	Students are required to wear their Everyday uniform including tie, short white ankle socks and entirely black shoes with minimal jewellery and makeup as per the school's Student Dress Code for rehearsal and the evening event.	
Supervision	Caloundra SHS staff.	
Risk level:	This is a low risk activity.	
Covid:	Students will follow COVID-19 guidelines that may be in place during the event.	
Privacy Statement		
<p>The Department of Education is collecting the personal information in this form in order to:</p> <ul style="list-style-type: none"> - obtain consent for the named child/student to participate in the excursion; - help coordinate the excursion; - respond to any injury or medical condition that may arise during or as a result of the excursion; and - update school records where necessary. <p>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.</p>		


As students are representing the School, they are expected to adhere to the school's [Student Code of Conduct](#).

Please contact the administration office and provide any new or updated medical information relevant to your child (e.g. conditions such as diabetes, asthma, allergies or anaphylaxis) that may affect their participation in this activity so that our school records can be updated. This is information in addition to what has already been supplied to the school at the time of enrolment.

For your student to participate in this activity, please complete the attached consent form and return it to **Ms Dew (7/8), Mr Cripps (9/10) & Mrs Fry (11/12) by Monday 16th October 2023.**

For further information about the activity, please contact Caloundra SHS on 07-5436 8444.

Yours faithfully


Natasha Wicks
Principal

Excursion consent form – 2023 Awards Presentation Night & Rehearsal

Consent form to be returned to Ms Dew (7/8), Mr Cripps (9/10) & Mrs Fry (11/12).

Caloundra State High School

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- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
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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 child's/student's name>** to participate in the **Awards Presentation Night Rehearsal and evening, Tuesday 17th October 2023**.
- 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](#).
- **Please indicate if your child is attending both activities:** **Day Rehearsal** **Presentation Evening**

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for 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.**

