

Years 5–6 Camp: Currumbin Community Farm Campus

How to submit your application for camp

Please read and complete the form, returning **all pages** by email to: school_camps@brisbanesde.eq.edu.au

BrisbaneSDE forms:

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Payment

Via the school website	<p>Please make payment via the Qkr! App by Wednesday 13 November 2024. The school will receive an automated notification email from Qkr! once payment has been made.</p> <p>Information about Qkr! is available at Introducing - Qkr! on the BrisbaneSDE website.</p>
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Student activity consent form

Student name	Year level	Date of birth
Activity name	Activity date	
Years 5–6 Camp: Currumbin Community Farm Campus	2–4 December 2024	

Dear Parent/Carer,

BrisbaneSDE Years 5–6 students are invited to attend a three day, two night School Camp at the Currumbin Community Farm Campus, Monday 2 to Wednesday 4 December 2024.

Please find attached the Consent form and Medical details forms for the Years 5–6 School Camp. If you would like for your child to attend camp, please complete the forms as listed, and return **all** pages to:

school_camps@brisbanesde.eq.edu.au.

Full payment must be made by **4.00 pm Wednesday 13 November 2024**. Payments received after this date will not be accepted and will be refunded to the parent/carers bank account.

Minimum and maximum numbers apply for the camp to go ahead. To ensure your student's place at camp please return the forms and payment as soon as possible, as those who delay their application may miss out.

Important note: Students with work outstanding for any current enrolled subjects, or who have unacceptable attendance or behaviour (as determined by the Head of School), will not be eligible to attend.

Cancellations for refunds may be requested via email up to seven days prior to the School Camp.

Yours sincerely,

Hamish Pike
Head of Department HPE


Camp details

Timetable	Departure	7.45 am, Monday 2 December: Meet at BrisbaneSDE Café for an 8.30 am departure
	Return	2.00 pm, Wednesday 4 December: Return to BrisbaneSDE.
Location	Currumbin Community Farm Campus, 1226 Currumbin Creek Road, Currumbin Valley https://currumbinfarmschool.eq.edu.au/	
Travel arrangements	Bus travel	To and from camp (no discount for own transport)
	Independent travel	<ul style="list-style-type: none"> If your student is being dropped off to camp, please arrive at 10.00 am. If your student is being collected from camp, please arrive by 12.00 pm.
Cost	\$235.00	Travel, accommodation, activities and meals (No discount if students are making their own way to camp)
Any other details	Further information will be forwarded upon registration.	

BrisbaneSDE student expectations

BrisbaneSDE student expectations outline presentation and conduct requirements to be adhered to by students when engaging in onsite and offsite school activities.

Attire	
Footwear	Closed-in shoes are required for all school activities.
Hats	Students must wear a sun safe hat for any outside activity in accordance with the Department of Education Sun Safety Policy.
Sunglasses	These may be worn during outdoor activities.
Jewellery	Absolute minimum of jewellery can be worn when attending BrisbaneSDE sponsored events.
Sunscreen	Broad spectrum 30+ sunscreen for any outdoor activities.
Water activities	Swim shirts to be worn for additional sun protection for any water based activities.
Workplace, Health and Safety	Students must comply with Workplace, Health and Safety regulations and dress appropriately for the activities and location of the event. If in doubt, please ask BrisbaneSDE staff for assistance.
Inappropriate attire	Thongs, scuffs, caps, visors, etc.
School leaders attire	School leaders representing BrisbaneSDE, in the community or at a nominated school event, are encouraged to wear school t-shirts. These are available for purchase through the school.

Devices	
Phones and electronic devices 	In accordance with the state-wide Away for the Day policy, as outlined in the Student Code of Conduct , students will need to keep their mobile phones and wearable devices (mobile phones, smartwatches, handheld devices and other emerging technologies which have the ability to connect to telecommunication networks or the internet) switched off and out of sight during excursions, incursions and other school activities such as camp and connect/sports days.

Understanding of student expectations	
Parents/Students are aware of BrisbaneSDE requirements for both Attire and Devices.	

BrisbaneSDE visitor map



LEGEND

- Key Locations
- BrisbaneSDE
- Coorparoo Secondary College (CSC)
- Parking
- Transport Locations
- All Gender Restrooms

- A Block — Administration
- B Block
- C Block
- E Block — eKindy
- K Block — Despatch
- KA Block
- KB Block
- KC Block
- L Block — Meeting/Exam rooms
- N Block — Primary: P-6



Welcome to BrisbaneSDE



Consent

Student name

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent.

I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education does not have personal accident insurance cover for students.

I give consent for my child, (print child's name) in

Year (insert year level details), to participate in the activity detailed above.

I will pay to the school the costs for my child to participate in the activity (if applicable).

I give consent for my child to be photographed and filmed whilst participating in the activity (provide details and limitations on the **Consent to use student image, recording, name or personal information** of this form).

In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.

I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.

I accept liability for all costs incurred by the Department of Education in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education the full amount of any costs incurred on my child's behalf.

Parent / Carer name

Address

Postcode

Phone

Email

Parent / Carer signature

Date



Student medical details

Student name

The following information will assist in making sure students receive appropriate medical attention if the need arises.

Tetanus Booster	Yes	No	Details of any current medication
	Year received		
Asthma	Yes	No	Any additional information, e.g. special dietary requirements
Diabetes	Yes	No	
Epilepsy	Yes	No	
Allergies	Yes	No	
Phobias	Yes	No	

Additional medical information

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

You may also wish to provide the following information*

Name of child's medical practitioner	Phone	
Medicare number	Private Health Insurance Company (if applicable)	Membership number

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

*If you require OneSchool records to be amended, please send these details to the Enrolments Team: enrolments@brisbanesde.eq.edu.au.

Privacy Notice

The Department of Education (DoE) is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DoE permission for the information to be disclosed.

Activity Risks and Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, 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 be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.



Consent to use student image, recording, name or personal information

Student name

Please complete the following information as way of consent to use, record or disclose your child's copyright material, image, recording, name or personal information whilst participating in the activity.

I give consent to the use of the following information in relation to my child's name:

Full name First name only No name Other

I give consent to the use of the following materials and images of my child:

Photography/Image Sound recording Film/Video Copyright materials

Note: Image or recording includes photographs, videos and film or sound recordings of the individual.

Copyright materials includes work created by the individual e.g. artistic, written, musical, performance, photography, designs.

I give consent to this use (as indicated above) for the following:

Website Facebook Newsletter/Magazine Other

Website: www.brisbanesde.eq.edu.au

Facebook: www.facebook.com/BrisbaneSchoolofDistanceEducation

I give limited consent in the following way:

I do **not** give consent to use my child's image, recording, name or personal information.

Note: if you decide not to provide consent, this will not adversely affect academic achievement, participation in the activity or any relationships with teachers at the school.

What is this consent for?

This consent form authorises the Brisbane School of Distance Education to use the individual's personal information and copyright material, together with information about the individual's participation in the activity for the purposes as indicated above. The consent covers the entire or partial use of the individual's personal information and copyright materials in conjunction with other words and images. For example, the individual's personal information and copyright material may appear in school newsletter, magazine and website (including Facebook). This consent is for the individual named above and is for use in relation to this activity only.

Parent / Carer name

Parent / Carer signature

Date

Note: More comprehensive information and/or a full copy of this form can be found on our website: [Publishing consent](#).

FORM C

CAMP INFORMATION FOR PARENTS

It gives us great pleasure to inform you that your child has been invited to attend a residential camp experience at the Currumbin Valley Campus of the Tallebudgera Outdoor and Environmental Education Centre. We understand that while camp is a rewarding and exciting time for students, it can be a worrying time for parents and carers. We hope that you find the following information useful and comforting.

PERSONAL BELONGINGS

While at camp students will participate in a variety of outdoor and environmental based activities. Please use the below list to ensure students have enough clothing for the entire camp.

Children must bring the following items CLEARLY LABELLED to camp to comply with the program.

CLOTHING	√	FOOTWEAR	√
Shorts		Sandshoes (closed in)	
T-Shirts (Sleeveless shirts are unsuitable)		Thongs and or Sandals	
Socks		Wet shoes or old pair of sand shoes for water activities is essential (croc's as wet shoes are not suitable)	
Underwear (optional - Bike Pants or Skins for chaffing)			
Swimwear		BEDDING	√
Long Pants		2 Sheets	
Warm Jumper/ Jacket & Pants		Pillow / Pillowcase	
Pyjamas		Blanket/Sleeping Bag	
Raincoat / poncho		TOILETRIES	√
Full Brim Hat - ' No Hat, No Play ' policy		Toothbrush/Toothpaste	
Neat casual clothes for evening activities		Soap/ Shampoo/ Lip Balm	
MISCELLANEOUS	√	Brush/Comb	
Torch – essential for night walk		2 Towels / Washer	
Drink bottle – essential for all activities		Deodorant (No aerosols)	
Small back pack		30 + Sunscreen is essential	

IMPORTANT NOTE: Students are **not required** to bring any food on camp (with the exception of pre-arranged special dietary requirements).

SAFETY

Strict safety procedures for the various activities have been developed and are explained to the children upon arrival at the Campus and again before each activity is undertaken. Trained and qualified Camp Staff are heavily involved with the operations of the residential camping program. Visiting staff will be fully briefed on their roles and responsibilities. Risk assessments have been performed on all activities within the program.

STUDENT WELFARE

Student independence is a major goal of our programs. If a student needs medical assistance for any illness or injury, parents will be contacted. There will be a small number of occasions when sensitive welfare issues will occur. In such cases parents will be contacted. Parents can be assured that minor health and welfare incidents are managed sensitively by our staff. If your child is identified as a 'bed wetter' on the medical consent form, these students will be dealt with discretely.

SPECIAL ARRANGEMENTS

Parents must write a covering letter to the Head of Campus with any additional concerns that may be relevant during the course of your child's stay. These could include severe health concerns, food, any custody issues, early departures, physical activity special needs, swimming and any other matters.

Should you have any questions or concerns regarding the Currumbin Valley Campus procedures or operations please do not hesitate to contact your child's camp co-ordinator who will pass on any required information. We trust that your child's stay shall be a memorable and enjoyable experience.

Kind regards,
Currumbin Valley Campus Staff

1226 Currumbin Creek Rd, Currumbin Valley, 4223
Ph: 5533 0312 Fax: 5533 0299
Website: www.currumbinfarmschool.eq.edu.au
Email: info@currumbinfarmschool.eq.edu.au

In the case of a medical emergency every effort will be made to notify carers.

In the rare instance that contact cannot be made please give authorisation for Qualified Practitioners to administer:

ANAESTHETIC (Please Circle) YES NO BLOOD TRANSFUSION (Please Circle) YES NO

Medical Practice

General Practitioner's Name

Ph

Secondary Contact

Description (i.e. Aunty / Grandparent)

Ph

(School staff will not administer over the counter medication, including analgesics, homoeopathic or prescribed medication without a written request from a parent / guardian and/or by written advice from a medical practitioner. Medications must be labelled and in the original container.)

YES NO I give permission for school staff to administer one dose of paracetamol as required should my child be suffering from a headache or any mild discomfort.

Are there any custodial issues that the Principal and/or staff of Tallebudgera Beach School should to be made aware of? Please outline:

If your child has any other additional details or conditions please outline:

I DO / DO NOT give the Tallebudgera Beach School permission to use any photographs or videos of my child for promotional or marketing purposes.

Department of Education requires a risk assessment to be conducted on all curriculum areas that contain potential hazards. At Tallebudgera OEEC several activities (eg. Body boarding, tobogganing, etc.) are deemed high risk. To minimise these potential risks the Tallebudgera OEEC implements strict safety procedures in accordance with the Department's safety guidelines. Tallebudgera OEEC prides itself on its impeccable safety record with all sessions being conducted by highly trained and qualified staff. At times students are transported to learning sites using department owned vehicles or department approved bus companies. Please take this information into consideration when deciding on your child's camp participation.

www.currumbinfarmschool.eg.edu.au > Support and resources > Forms and documents > Documents > CARAs

I (Name) give permission for my child to participate in adventure based activities that are considered high risk by Department of Education. I understand that this may include vehicle transportation to and from learning sites. I hereby authorise the Principal, or his representatives, to obtain such medical attention as deemed necessary. I acknowledge that the Department of Education does not have 'Personal Accident Insurance Cover' for children/students and I understand that all costs associated with any injury, including medical costs are the responsibility of the parent/carer. 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](#).

SIGNATURE REQUIRED (Parent / Guardian) : _____

Date

Consent to administer medication

PLEASE NOTE:

For medication to be administered at school or during school-related activities, there must be medical authorisation for the student to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

- a pharmacy label with both the student's and doctor's name on it;
- a signed letter from a doctor;
- a medication order from a dentist;
- an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

Health condition/ reason for medication	Example of medication	Documentation completed by doctor or other prescribing health practitioner
Asthma	Asthma puffer	<i>Asthma action plan</i>
Anaphylaxis	EpiPen	<i>ASCIA Anaphylaxis Action Plan</i>
Diabetes	Insulin injection, insulin pump	Department of Education <i>Medication order to administer 'as-needed' medication at school</i> or medication order or <i>diabetes management plan</i> or other written instructions from prescribing health practitioner
Other types of emergency medication e.g. for seizures	Midazolam	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Medication required 'as needed' for minor or non-emergency symptoms	Ointment for skin allergies, antihistamines	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Changes to dosage (e.g. from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner (e.g. doctor)

1. To request that the school administer medication to a student

- 1) Complete Section A (page 2).
- 2) Provide the school with the medication in the original container with intact packaging.
- 3) Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
- 4) Make an appointment with the principal/delegate if:
 - the student requires medication as an emergency response;
 - you would like the student to self-administer their medication;
 - the student has complex health support needs or requires other support strategies; or
 - you have any concerns about the student's health which may affect their schooling.

2. To request a student self-administer their medication

- 1) Complete Section A (page 2) and Section B (page 3).

Consent to administer medication

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

Section A: Complete the details below:

NOTE: This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication.

Student name		Date of birth	
Parent/carer name		Phone number	

- I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities.
- I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student.

Name of medication	
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I confirm that the medication provided to the school (as listed above):

- is medically authorised (e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)
- is in the original dispensed container with intact packaging
- has the student's and doctor's names on the pharmacy label (if there is no other written evidence of medical authorisation)
- is current/in-date (The expiry date of the medication is _____).

The medication is required:		If Yes to any questions, complete the following:
(a) routinely (e.g. 11am every day)	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	Administer at _____ on the following days: (select the day/s required) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
(b) for a short time only (e.g. only for 2 weeks)	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	Start date: End date:
(c) to manage a health condition by following a current action plan or health plan	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	Is the medication for: <input type="checkbox"/> asthma <input type="checkbox"/> anaphylaxis <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy <input type="checkbox"/> cystic fibrosis <input type="checkbox"/> other (describe)
(d) 'as needed' to treat minor or non-emergency symptoms	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇒	<input type="checkbox"/> I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information.

Has this student previously shown any side effects after taking this medication? **Yes** **No**

If **Yes**, describe:

Parent/carer/student signature		Date	
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If the student is to self-administer this medication, also complete **Section B**

NOTE: Controlled drugs cannot be self-administered.

Section B: Details for student self-administration of medication:			
<i>In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.</i>			
Student name		Date of birth	
<ul style="list-style-type: none"> I confirm that the student is confident, competent and can safely administer the right dose of their own medication at the right times. I confirm that the student can store their medication securely. I authorise school staff to contact the prescribing health practitioner, health team or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication by this student. 			
Health condition			
<input type="checkbox"/> Asthma - secondary school students only	<input type="checkbox"/> I approve for the student to self-administer their asthma medication. NOTE: The school will need a copy of the student's <i>Asthma Action Plan</i> if it varies from the standard asthma first aid response		
Health condition	I seek approval from the principal/delegate for the student to self-administer:		
<input type="checkbox"/> Asthma	<input type="checkbox"/> their asthma medication (<i>following a current action plan/health plan</i>)		
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> their adrenaline auto-injector (<i>following a current action plan/health plan</i>)		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> their medication (<i>following a current health plan</i>)		
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> their medication (<i>following a current health plan</i>)		
<input type="checkbox"/> Other	<input type="checkbox"/> their medication (<i>following a current health plan</i>)		
Parent/carers/student signature		Date	