

Flagstone State Community College Excursion Information for Parents/Guardians

Dear Parent/Guardian

This is to advise you that our school is planning a SPORT activity. The details are as follows.

Activity title: FSCC SWIMMING CARNIVAL	
Sports: SWIMMING EVENTS	
Name of teacher coordinating:	Nathan Mackenzie
Subject areas involved: SPORT	Year level/s: 7 - 12
DATE: WEDNESDAY 13 th FEBRUARY	
TIME: 9am - 3pm	
Mode of transport: BUS - LOGAN COACHES	
VENUES: BETHANIA COMMUNITY AQUATIC CENTRE	
Point of return: FSCC	
Cost per student: Internet banking available	NIL Notes Due: Monday 11th FEB
Activities involved: FSCC SWIMMING CARNIVAL	
Meal Arrangements:	<input checked="" type="checkbox"/> Students to bring own lunch <input type="checkbox"/> Healthy food provided/purchased <input checked="" type="checkbox"/> Food to be purchased
Student Dress:	<input type="checkbox"/> Full dress uniform <input checked="" type="checkbox"/> Sport Uniform <input type="checkbox"/> Other
Students need to bring: Gear related to the sport, sunscreen, water, goggles	

Please note the above details and retain for your information.

Please return the Parent Consent form to Form Teacher by Monday 11th February.

Sulata Pop - HOD HPE

Julie-Ann McCoullough - Principal

Flagstone State Community College Parent Consent Form

A. Parent Consent

As parent/guardian of _____ in Year _____ I **GIVE/ DO NOT GIVE** (circle response) my permission for him/her to participate in the excursion described on the attached information sheet.

Students who do not have permission to participate will be engaged in normal school activities with teacher supervision provided.

Title of the activity: **FSCC SWIMMING CARNIVAL**

Departure date: Wednesday 13th February

Cost: **NIL**

All students will be under the guidance and direction of the supervising staff to ensure safety, well-being and appropriate conduct of all involved. I acknowledge that the Department of Education, Training and the Arts does not have Personal Accident Insurance cover for students.

I also give permission for staff to take photographs of my student while involved in the activity as listed.

YES

NO

Signature of parent/guardian

Date

Payment included yes
 no

B. Current Prescribed Medication

The medication listed below has been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion.

I hereby request the teacher accompanying the excursion (who has been so authorized by the principal) to administer the medication in accordance with the instructions written on the container(s) by the pharmacist who issued the medication. I understand that all unused medication will be returned to me.

Name of medication	Quantity of medication	Times to administer medication

(Please rule a line through any unused space above)

C. Medical Authorisation

I hereby authorise the medical practitioner identified on the school's records to provide to hospital authorities or other qualified medical personnel additional information concerning any of the medical conditions listed, should the need so arise.

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem necessary should any medical condition, incident or accident occur.

I further authorise qualified practitioners to perform surgery, administer anesthetic and/or blood transfusions if such eventuality should arise. I understand that, should such circumstances arise the supervising teachers will endeavour to contact me by phone in the first instance.

Signature of parent/guardian

Printed name

___/___/2019
Date

Home phone

Work phone

Mobile