Dear Parent/Carer

**Year 3 Excursion – MBEEC Birds and the Environment**

On 16 February (2/3A and 3B) and 17 February (3C) will be attending the Moreton Bay Environmental Education Centre as part of our Science Program.

The aims of the activity are to increase the students’ understanding of the local environment and how to manage and care for their environment.

**Activity details:**
The students will travel from Manly West SS to the Wynnum Manly foreshore to observe the habitat of migratory birds (Moreton Bay is one of the largest feeding grounds on the eastern coast). They will then travel to the Moreton Bay Environmental Education Centre where they will participate in differing activities based around caring for their environment. Finally the students will travel to the bird roost on Lucinda Drive at the Port of Brisbane before returning to Manly West SS.

- Years 2/3A and 3B will be attending on Thursday 16 February 2017
- Years 3C will be attending on Friday 17 February 2017
- The cost is $32.50 per child
- This is a low risk activity for the students
- The bus will depart school at 8.30am on both days and return by 3.00pm
- The students must wear full school uniform including their hat and black shoes
- The students will need to bring their school bags containing their morning tea, lunch, water bottles and sunscreen
- The staff at MBEEC are fully qualified teachers
- We will require parent helpers on both days – please indicate below if you can assist
- A completed health form for each student will be required – see attached

**Activity Costs:**
The cost of the excursion is $32.50 with payment due by no later than 9.00am on Wednesday, 15 February.

If you wish for your child to participate in the activity, please complete the attached consent form and medical form to your child’s teacher. For further information about the activity, please contact Ken Parr on kparr1@eq.edu.au

Yours sincerely

Ken Parr, Sharn Fitzgerald, Kylie Mitchell
**Year 3 Class Teachers**

Lisa Morrison
**Principal**

(Please tear off and return to your child’s class teacher if you are able to assist)

☐ I am able to assist as a parent helper on this excursion.

CHILD’S NAME: ....................................................................................................................... CLASS: .........................
Please complete the required information and check all appropriate boxes below to indicate your agreement/consent for MBEEC Birds and the Environment on 16/2/17 (2/3A & 3B) and 17/2/17 (3C):

**Privacy Notice**
The Department of Education and Training (DET) 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 DET permission for the information to be disclosed.

**Activity Risks & Insurance**
Please note that the Department of Education and Training does not have personal accident insurance cover 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. 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**
By signing this form (below) I agree that:
- 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 and Training does not have personal accident insurance cover for students.
- I give consent for my child, _______________________________ in class ________, to participate in the MBEEC Birds and the Environment on 16/2/17 (2/3A & 3B) and 17/2/17 (3C)
- I will pay to the school the costs detailed above for my child’s participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.
- I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child’s medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer Name: _________________________________ (Please Print)

Parent/Carer’s Signature: ________________________________ Date: ______/______/_______

**Please provide the following information:**
Name of child’s medical practitioner: __________________________ Telephone No.: __________________________
Medicare No.: __________________________________________
Private Health Insurance Company (if applicable): __________________ Membership No.: __________________________

**Additional medical information**
The school collected medical information about your child at 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 activity described in the form.

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☐ I would like this additional information about my child’s medical information to be recorded in OneSchool records.