



GYMPIE WEST STATE SCHOOL

Excursion consent form – Road Craft 8/9/10th of September, 2025

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 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.

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](#).

On the 8th, 9th and 10th of September – Gympie West students in Prep, Year 1 and Year 2 will be visiting Road Craft to attend a program on road safety and bicycle safety. Students will be engaging with Road Craft content and will also practise riding bikes on a simulated 'miniature road' with street lines and signs that is on their premises.

Excursion

Students will be travelling via bus – From Gympie West State School to Road Craft – (22 Dennis Little Dr, Glanmire QLD 4570) and return.

Monday 8/9/25

- Morning Session - Prep N (21)
- Afternoon Session - Prep F (21)
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Tuesday 9/9/25

- Morning Session - 1/2M (20) –
- Afternoon Session - 1P (24) –
-

Wednesday 10/9/25

- Morning Session - 2A (16) and 2H (16) = (32)
- Afternoon Session - 1S (21) and 1/4J (8) = (29)

Excursion costs: NO COST

If you wish for your child/student to participate in the excursion, please complete this consent form and return all pages (including this page) to **your child's class teacher**

Brady Rutland
Deputy Principal
Gympie West State School



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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, _____ to participate in the identified excursion.
- 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](#).

Parent/Carer/Student*	Name:		
	Phone number:		
	Signature:		Date:
Emergency contact information for the duration of this excursion (<i>Leave blank if same as above</i>)	Name:		
	Phone number/s:		

