

International Term 3 Trip Gold Coast/Byron Bay

30 August 2018

Dear Parents/Carers,

The Term 3 International Trip is scheduled for 12 - 14 September.

Please find attached forms to be completed for Term 3, International Trip.

The cost of this camp is **\$549.00**.

Invoice will follow.

PLEASE NOTE: It is essential that all forms, including the Behaviour contract and Medical information, are completed and returned to **Fleur Parker, International Student Coordinator** as soon as possible.

Our Client Services Cashier is open Monday to Friday from 8:00am until 12:00pm.

Payment for the trip needs to be finalised by **Monday 3 September 2018**.

The forms attached to this letter include:

- Permission/ Payment Form
- Behaviour Contract
- Medical Forms

Please note if your child requires an Asthma Action plan or any additional Medical Information regarding allergies, please contact Client Services First Aid for the appropriate forms to be completed and attached to your child's paperwork.

Please note that parents are advised that the Department of Education and Training does not have personal Accident Insurance cover for students. It is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.

Many thanks for your cooperation,



Fleur Parker
International Student Coordinator



Rob Watts
Deputy Principal, Student Services
International

Meridan State College

International Term 3 Trip

Gold Coast/Byron Bay

ITEMS TO BRING

Please ensure that **ALL** items are clearly named

- 1 swimming towel
- Water bottle
- Hat
- Sunscreen
- Appropriate swimwear with a sunshirt to wear over the top
- Toiletries - Soap, toothpaste, toothbrush, brush/comb, hair ties, shampoo, conditioner, etc.
- Socks, underwear
- 1 pair of closed in shoes suitable for all outdoor activities e.g. sneakers
- T-shirts - 4-5 shirts.
- Shorts/Skirts - 3-4 pairs
- Long pants - 1 -2 pairs of jeans or long pants for night activities
- Light-weight jumper or long sleeve shirt
- 2 large plastic garbage bags for wet and dirty clothes
- Pyjamas

Medication

All medication must be clearly named with a prescription label, the necessary forms completed, signed and given to Fleur Parker, International Coordinator before departure to trip.

PLEASE RETURN THE FOLLOWING FORMS ATTACHED, WITH PAYMENT TO CLIENT SERVICES

- PERMISSION & PAYMENT FORM (attached)
- MEDICAL DETAILS FORM (attached)
- BEHAVIOUR FORM (attached)



International Term 3 Gold Coast/Byron Bay Trip 12-14 September 2018 Permission & Payment Form

Student Name: _____ Roll Class: _____

✓ *Please indicate*

- Yes, I do give permission for my child to attend the Term 3 International Trip.
- NO, I do not give permission for my child to attend the Term 3 International Trip
- I have supplied detailed medical information on my child and have read and signed the behaviour form attached.
- I authorise the teacher to seek appropriate medical assistance where deemed necessary.
- I understand that students must abide by the College Responsible Behaviour Plan expectations.
- For the safety of your child it is the responsibility of the Parent/Guardian to ensure that the Medical Details and Emergency Contacts are correct and that any alterations are made before the excursion.
- I acknowledge that the Department of Education and Training does not have Personal Accident Insurance Cover for students.
- I understand that the students will be travelling to and from camp by coach.

Parent/Guardian Name: _____ (please print name)

Parent/Guardian Signature: _____

Date: ____ / ____ / _____ Contact Telephone Number: _____

The Cashier at Client Services is open Monday to Friday from 8:00am until 12:00pm. Parents may also choose to pay via BPAY. Contact us if you do not have your BPAY code on 5490 2684.

Please indicate the payment method you prefer by placing a ✓ in the box.

Full payment of \$549.00 payable by Monday 3 September.

METHODS OF PAYMENT

Amount Paid: \$ _____ (✓ please tick payment method) <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> EFTPOS <input type="checkbox"/> Direct Deposit <input type="checkbox"/> BPOINT <input type="checkbox"/> QParents	COLLEGE BSB 064420 DIRECT DEPOSIT Account no: 10567850 DETAILS: Reference: Debtor ID & Invoice no/Description of payment e.g.: DebtorID/StudentName_Yr1
	BPOINT: https://www.bpoint.com.au/payments/dete Bill Code: 1002534 (Department Of Education And Training) You will need your CRN (Customer Reference Number) and Invoice Number from your invoice or statement.
	QParents https://qparents.qld.edu.au/#/login Access your invoices and make full or partial payments through the QParents website or download the App on your smart phone or tablet.

MEDICAL / CONSENT FORM

Note: This form must be filled in by a Parent or Guardian of any student attending the International Trip.



Student's Name: _____ Class: _____

Date of Birth: ____/____/____ Name of Parent or Guardian: _____

Home Address: _____

Telephone: (Home) _____ (Mobile) _____

(Work 1) _____ (Work 2) _____

Emergency Contact if you are unavailable: Name: _____ Phone: _____

Are you in a Medical Insurance Fund? Yes / No. Name of fund: _____

Please provide Allianz OSHC Health Insurance: _____

NOTE: In the event of serious injury / medical condition, your child will be transported to the nearest centre by ambulance.

Please complete the following information:

• Tetanus Booster	Yes / No	
• Heart Problems	Yes / No	
• Respiratory Problems	Yes / No	
• Asthma	Yes / No	If yes, please request an <i>Asthma Medication Permission Form</i> from your child's teacher
• Other	Yes / No	
• Allergies e.g. food, analgesics, penicillin etc	Yes / No	
• Sugar Diabetes	Yes / No	
• Blood Pressure	Yes / No	
• Recent Operation, illness or broken bone	Yes / No	
• Epilepsy	Yes / No	
• Phobias	Yes / No	
• Bed Wetting	Yes / No	
• Sleep Walking	Yes / No	
• Others(Please List)	Yes / No	
Medications required while on trip	Yes / No	Medication at Camp: If your child requires medication on the trip, please label it with the following details: (a) Child's name (b) the Name of the medication (c) Dosage (d) Time/s to be administered

Medical: I certify that to the best of my knowledge my child has not been in contact with any infectious disease for the past four (4) weeks and that he/she is not suffering from scabies, impetigo, or other ailments that are likely to be detrimental to members of the camp.

I hereby authorise the Principal, or her representative, to obtain such medical attention as may be deemed necessary and ***I understand that I am responsible for any costs involved.*** I further authorise qualified practitioners to administer anaesthetic and blood transfusion should the necessity arise.

Parent Signature: _____ Date: ____ / ____ / ____

MERIDAN STATE COLLEGE Term 3

International Trip

BEHAVIOUR CONTRACT 2018

I am aware that if my child exhibits any of the serious misdemeanours listed below, I will be contacted to arrange for my child's collection from the camp, and that camp fees will not be refunded.

- Failure to follow instructions causing oneself or others to be placed at risk.
- Leaving rooms at night after curfew
- Repeated misdemeanours for behaviours others than the above, but of a serious nature warranting three "official warnings" from camp staff.

Parent/Carer's Name: _____

Parent/Carer's Signature: _____

Date: ____/____/____

As a International student I :

- Understand that everyone on our International trip has the right to participate in all experiences feeling safe and supported.
- Fully understand the expectations of my behaviour whilst on trip.
- Understand that if I do not follow the camp and safety rules as stated by Meridan State College staff and/or camp instructors, I will be collected from the camp by my parents and will face disciplinary consequences on return to school.

Student's name: _____

Student's signature: _____

Date: _____