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ASPLEY EAGLES CHALLENGE CUP TERM 1 2025

5/03/25

Dear Parent/Carer,

On Wednesday 2nd of April, students from the EHSS Football (Soccer) Program have been invited to the Aspley Eagles Challenge Cup which is hosted by the Aspley State High School Football Academy. This is a great opportunity for the students to develop their soccer skills in an advanced setting.

Date: 2/04/25

Activity Costs: \$0 (Covered as part of the Football Program Fees).

Refunds: The decision as to whether the school will or not refund the payment in part or in full depends on whether the school has incurred any costs associated with the activity.

Transport: Bus transfer with fitted seatbelts.

Departure/Arrival: Students will meet Mr. Dwyer and Mr. Trajcevski at the front flagpoles of the school at 7:30am, ready for an 7:40am bus departure.
Students will return to school at approximately 3:00 pm.

Wear and Bring: All students are to wear their sports uniform (school shorts) and bring their lunch, water bottle, hat, sunscreen, navy football socks, football boots and **shin pads**. It is strongly encouraged that students wear sunscreen (apply before school). A small food van and snow cone machine will be available on the day.

Medical Needs: Any student requiring medication for the day (e.g. EPI Pen, Asthma Puffer) please hand these directly to Mr. Dwyer. There will be a first aid officer at the venue who will be in charge of administering first aid during competition. Students who take regular medication at school: this will be provided as normal at the regular time by the coach.

Risk: Due to the nature of these activities, they carry a medium level of risk. School staff are aware of risks around environmental conditions, activities, demonstrations, facilities, group sizes and adult ratios and effective supervision. All students are advised of the process before starting each activity. Provisions have also been made for any students with a disability and/or medical and/or individual requirements.

Please complete the attached consent form and return to the office by 26/03/25.

For further information about the activity, please contact Mr Dwyer.

Ben Dwyer
Excursion Co-ordinator/ Coach

Ed Gordon
Deputy Principal

ACTIVITY CONSENT FORM – ASPLEY EAGLES CHALLENGE CUP TERM 1 2025

STUDENT NAME: _____ CLASS: _____

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.

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	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:

Additional medical information

The school collected medical information about your child at registration/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 excursion described in the form.
