



## Activity Consent Form

---

### Volleyball Excursion

10/10/2017

Dear Parents,

As part of the your child participating in the Volleyball Program this year they have been invited to attend an excursion to Sandstorm Beach Club on Friday 17 November in which they'll have a fun filled day of volleyball on their world class beach courts.

Lunch will be provided to the students in the form of a sausage sizzle. Morning tea will not be provided so please pack something to eat for the morning.

Students attending will be required to:

- Wear their school unifrom.
- Bring a water bottle.
- Apply sunscreen before they arrive at school.
- Bring their school hat. This is their ticket on the bus. No hat –No Excursion!
- Have a packed morning tea as stated above.

Students will be transported to Sandstorm by bus. The bus will be leave Pullenvale at 9:15am (we will not be waiting for late arrivals) and will return back to school by 3pm.

There is no cost associated with this excursion as we'll be using funding from our Sporting Schools grant to pay for the event.

Please fill out the form and return it to your child's classroom teacher.

Cheers

Scott Nolan  
PE Specialist

Sam Symes  
Principal





## Activity Consent Form

### **Consent – Volleyball Excursion – Sandstorm Beach Club**

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- 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, Training and Employment does not have personal accident insurance cover for students.
- I give consent for my child, \_\_\_\_\_ (print child's name) in class \_\_\_\_\_ (print class details), to participate in the activity detailed above.
- I agree to pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: \_\_\_\_\_ (Please Print)

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Additional medical information**

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **You may also wish to provide the following information\*:**

Name of child's medical practitioner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Private Health Insurance Company (if provided): \_\_\_\_\_ Membership No.: \_\_\_\_\_

\*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

- I would like this additional information about my child's medical and physical details to be recorded in OneSchool records.

### **Privacy Notice**

The Department of Education, Training and Employment 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**

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carers. 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.



Queensland Government

**Uncontrolled copy.** Refer to the Department of Education, Training and Employment Policy and Procedure Register at <http://ppr.det.qld.gov.au/> to ensure you have the most current version of this document.

TRIM 12/330679