

## Activity consent form – Colonial Experience - 14 August 2019 Year 4A, 4B, 4C, 4/5D

22 July 2019

Dear Parent/Carer,

On 14<sup>th</sup> August, 2019, 4A, 4B, 4C and 4/5D, will be attending the Colonial Experience Show as part of our First Fleet unit. The aim of the activity is to observe and experience what life was like for the first European settlers and first peoples of Australia.

### Activity details:

The performance will take place in the school hall beginning at 11.05am and finishing at 1.05pm.

- Children will be required to watch and may be given the opportunity to participate in experiences.
- The risks associated with this activity are low, students will be supervised at all times by Pumicestone staff.
- The performance is conducted by Iconic Performances Pty Ltd.
- No volunteers are required.
- Students will require lunches as per a normal school day.
- Students will adhere to Pumicestone State School's Responsible Behaviour Plan.
- Approximately 80 students will be attending the event.
- Any additional medical information (e.g. asthma, allergies or anaphylaxis) need to be communicated on the attached permission form.

### Activity costs: -

The cost per student will be \$20.00, this covers the fee charged by Iconic Productions for the performance. Payment can be made via Qkr!

If you wish for your child to participate in the activity, please complete the attached consent form and return it to the school by 9th August 2019. Payment will also be due by this date. No late payments or activity consent forms will be accepted.

For further information about the activity, please contact your child's classroom teacher via the office, SeeSaw or email.

Yours sincerely

Ashleigh Woods  
Deputy Principal

Narelle Millar  
Year 4 Teacher

Charlene Hensley  
Business Manager

Return to Class Teacher  
before 9 August 2019.



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### Privacy notice

The Department of Education 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, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwth).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

### Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/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 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 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 does not have personal accident insurance cover for students/children.
- I give consent for my child, \_\_\_\_\_ in \_\_\_\_\_ to participate in the **Colonial Experience Performance on 14<sup>th</sup> August, 2019.**
- I will pay to the school the costs detailed in this consent form for my child's participation in the activity.
- Student Resource Scheme Fees must be up to date.
- 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 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 all relevant details of my child's medical or physical needs on registration /enrolment and where relevant have updated this information.

Parent/Carer's name: \_\_\_\_\_ (Please print)

Parent/Carer 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 activity described in the form.

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

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

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

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

\*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

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