



North Bundaberg State High School

9 Marks Street
PO Box 7358
Bundaberg North Qld 4670

Telephone (07) 4130 0222
Facsimile (07) 4152 5213
principal@bundnortshs.eq.edu.au

www.bundnortshs.eq.edu.au

 Bundaberg North State High School

31 January 2019

Dear Parent/Carer

On Friday 15th February, the Inter-House Swimming Carnival will be held at Norville Council Pool. **All students are expected to attend the day**, however competitive swimming is optional. There will be activities for all students organised. There will be competitive swimming and social activities. There will be no organised classes at school as all students and staff will be attending the swimming carnival.

Students will be bused from school to and from the venue at a cost of \$2 per student. Students pay their \$2 as they enter the bus. Students will be bused back to school by 3.00pm.

There will be a canteen operating on the day at the pool. Shade will be provided, however please ensure your child has sunscreen, appropriate sun safety clothing, a hat and water. Students need to be sun safe throughout the day.

Students are encouraged to participate and dress in either themed costume or house colours. Parents are welcome to attend.

Please complete this consent form and students are to return the form to their RAS teacher by Friday February 8th.

For further information about the activity, please contact **Robert Thatcher** on **41300222** or **rthat1@eq.edu.au**

Yours sincerely

Robyn Kent
Principal
Bundaberg North SHS

Robert Thatcher
Sport Coordinator
Bundaberg North SHS

Student name: _____ RAS: _____

Privacy Notice

The Department of Education and Training (DET) 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

Please note that the Department of Education and Training does not have personal accident insurance cover for 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 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.

Consent

By signing this form (below) 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 of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, _____ in class _____, to participate in the aquatic activities on Inter-House Swimming Carnival.
- I will pay to the school the costs detailed above for my child's participation in the activity.
- 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 of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

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 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 provide the following information*:

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if applicable): _____ 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 information to be recorded in OneSchool records.

