



## North Bundaberg State High School

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 Bundaberg North State High School

### Activity Consent Form – Big Day Out

Dear Parent/Carer

On Tuesday, 12<sup>th</sup> February, all year 8 students will be participating in Bundaberg North State High School's annual Big Day Out at Nielson Reserve, Bargara.

The aims of this event are to:

- Foster group cohesion within the cohort
- Develop teamwork and leadership skills
- Enable students to get to know and interact with their new teachers.

#### Activity details:

- Date: Tuesday 12<sup>th</sup> February, 2019
- Times: 8.50am - 3.05pm
- Location: Nielson Reserve, Bargara
- Transportation: all participants will travel by bus departing and returning from Bundaberg North SHS
- Dress Code: full school sports uniform to and from venue. While participating in wet activities students will be expected to wear sunsafe clothing (shirts with sleeves and shoulders covered)
- Equipment: water bottle, sunsafe swim wear, towel, sunscreen, hat, plastic bag for wet gear, spare clothes
- Food: Lunch will be supplied, please notify organising staff of any medical dietary requirements when returning this note. Students will not have access to the nearby kiosk.
- This is a high risk activity during which students will participate in a series of physical activities and workshops under the supervision of qualified school and qualified surf life savers
- This activity will be led by Bundaberg North State High School staff
- This Activity Consent form must be completed and returned by Wednesday, 6<sup>th</sup> February 2019
- Please inform supervising staff of any relevant medical conditions which may impact on a student's participation in this activity
- Participants will be expected to adhere to the Responsible Behaviour Plan for Students throughout this activity
- There will be no scheduled classes on the day

#### Activity Costs:

- The cost for this activity is \$17.50 & you will be issued an invoice. Payment may be made using the following;
- QParents. (Contact the office if you are not currently registered)
  - Direct payment to our bank acct: BSB: 064 403 Acct: 00090504 Ref: Student name
  - Cash/Eftpost at the school office.

**Complete this consent form and return to the Student Services window in G Block staffroom by Wednesday, 6<sup>th</sup> February 2019 .**

For further information about the activity, please contact the Year Level Coordinator, Katie O'Kelly on 4130 0222 or at [kokel1@eq.edu.au](mailto:kokel1@eq.edu.au).

Yours sincerely

**Robyn Kent**  
Principal  
Bundaberg North State High School

**Katie O'Kelly**  
Year Level Coordinator  
Bundaberg North State High School

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**Queensland  
Government**

# Activity consent form – Year 8 Big Day Out, 12<sup>th</sup> February, 2019

Bundaberg North State High School **STUDENT NAME:** \_\_\_\_\_

## 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 (Cwlth).

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, \_\_\_\_\_ <insert child's name> in \_\_\_\_\_ <insert group/class details>, to participate in the **Big Day Out** activity at Nielson Reserve, Bargara on **Tuesday, 12<sup>th</sup> February, 2019**.
- I will pay to the school the costs detailed in this consent form 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 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.

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