

Activity Consent Form – Excursion to Peacehaven Botanical Park

9th August, 2017

Dear Parent/Carer

On 23rd August, 2017, Year 3 students will be visiting Peacehaven Botanical Park, Kuhls Road, Highfields as part of Geography studies this term.

The aims of the activity are to investigate why Peacehaven Park is significant to the Highfields Community and how this site is being protected.

Activity details:

Students will travel by bus and will be accompanied by teachers and teacher aides. We will meet with a Toowoomba Regional Council officer who will outline significant historical and natural aspects of the park. Students will also be addressed by a member of the Friends of Peacehaven organisation, outlining their role in the protection and development of the park.

On the day, 3B and 3C will depart school at 9:15am and return by 12:15pm. 3D and 3E will depart school at 11:45am and return by 2:45pm. Children are required to wear their school uniform; including hat and closed in shoes and socks. They should also bring a packed morning tea, lunch, water bottle and sunscreen as the weather will most likely be warm.

Would you please ensure all emergency contacts and medical/allergy details held by the school are up to date, prior to these activities.

Activity Costs:

An invoice for \$3.50 has been emailed to you and is due before 16th August 2017 (Next Wednesday).

If you wish for your child to participate in the activity, please make payment and complete this consent form by returning it to the school office.

For further information about the activity, please contact the school office on 46996222 or office@highfieldsss.eq.edu.au

Yours sincerely

Warren Merchant
Principal
Highfields State School

Year 3 Teachers
Highfields State School



Queensland Government

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

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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 Peacehaven Botanical Park activity on 23rd August, 2017.
- 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.

- Special dietary requirements – If yes please advise of requirements: _____
- Travel sickness – If yes, please provide required medication as per *Administration Of Medication Policy* which can be obtained by contacting the school office: _____
- Sleep problems (Walking, Wetting): _____
- Swimmer – Competent distance: _____

You MAY also wish to provide the following information:

Please only complete if these details have changed since provided at time of enrolment.

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.



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