



## **Activity Consent Form – Year 6 Camp Luther Heights 1-3 March 2021**

3 February 2021

Dear Parent/Carer

On **Monday 1 March to Wednesday 3 March 2021** Year 6 students will be attending **Year 6 Camp at Luther Heights Cooloom**. The aims of this camp are for students to participate in outdoor recreational activities that encourage resilience, excellence, team building, group work and co-operation. The Year 6 camp will support the school's HPE program with regards to Outdoor Education and the promotion of an active lifestyle.

**DATE:** Monday 1 March – Wednesday 3 March 2021

**DEPARTURE FROM SCHOOL:** All students need to be at school by **8:30am** on the morning of departure. On arrival at school, students will place bags in the area behind the tuckshop, hand in any medication to the First Aid Room and then wait in the Undercovered Area before moving to the Hall to be placed in their activity groups. We ask that parents wait in the Undercovered Area and not accompany their child to the Hall to avoid any confusion as last minute instructions are given.

**RETURN TO SCHOOL:** Wednesday 3 March 2021 approximately **2:00pm**.

**TRANSPORT:** Students will be travelling to Luther Heights Cooloom by Thompson Bus Lines. The buses are equipped with seat belts.

**ACTIVITIES UNDERTAKEN:** The students will be participating in the following activities: Surfing and body boarding, Low Ropes, Medium Ropes, Flying Fox, Rogaine, Catapult Building and Team Challenges. All activities will be led by fully trained and qualified instructors from the Luther Heights Camp and Cooloom Surfing School.

**SUPERVISORS:** Year 6 classroom teachers, Ms Bernard, Mr Crowe and IEC staff.

**GEAR LIST:** An essential gear list will be handed out and includes casual clothing, closed in sport shoes, sunscreen and **school hat**.

**MEDICAL and DIETARY FORMS:** To be completed and returned by **15 February 2021**.

**ACTIVITY COSTS:** **\$331.00** This amount covers transport to and from Cooloom, accommodation and catering for the 3 days and 2 nights and instructor led activities over the 3 days.

Preferred payment method is BPOINT (using the invoice emailed to you). Payment can also be made by cash, cheque (payable to Kurwongbah State School), QParents, or EFTPOS (amounts \$10.00 and over – see attached).

Full payment must be finalised by **23 February 2021**. **No late payments can be accepted. Payment plans** can be obtained by contacting the school office.

### **REFUND GUIDELINES FOR ACTIVITIES:**

At Kurwongbah State School we are committed to providing a safe and supportive learning environment for students, staff and volunteers. This commitment includes the health and safety of staff and students when conducting curriculum activities in the school or in other locations.

School excursions and camps enhance a student's learning by providing opportunities for the student to participate in activities, both curriculum-related and recreational, outside the normal school routine. All planned school excursions are approved by the Principal and endorsed by the Parents and Citizens Association.

State schools are able to charge a fee for:

- An educational service including materials and consumables not defined as instruction, administration and facilities for the education of the student;
- An education service purchased from a provider other than the school where the provider charges the school; and
- A specialised educational program.

A school fee is directed to the purpose for which it is charged.

School fees for excursions and camps are calculated on a cost recovery only basis, according to the number of students who have indicated their attendance.

Participation of students in an excursion or camp is indicated through payment of the excursion or camp fee and provision of a permission form completed by the parent/carer.

As the school budget cannot meet any shortfalls in funding for an excursion or camp due to the subsequent non-participation of a student who had previously indicated attendance of the activity, fees already paid for an excursion or school camp may be refunded in full or in part or not at all, having regard to the associated expenses incurred and the circumstances of the non-participation.

If a parent/carer wishes to apply for a refund due to their child's non-participation in an excursion or camp activity, they may do so by completing a Request for Refund form available from the school office. Where possible, the request should include the receipt relating to the payment for which a refund is being sought.

**PERMISSIONS:** If you wish for your child to participate in this activity, please complete the attached consent form and return to the **School Office**.

For further information about the Year 6 camp, please contact Toni Lane (tlane5@eq.edu.au).

Yours sincerely

**Mrs Leanne Odorico**  
Principal  
Kurwongbah State School

**Toni Lane**  
Year 6 Classroom Teacher/Year 6 Camp Co-ordinator  
Kurwongbah State School

## Activity Consent Form – Year 6 Camp Luther Heights 1-3 March 2021



Please return this form to your **School Office** by Tuesday 23 February 2021

### 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, \_\_\_\_\_ in \_\_\_\_\_, to participate in the **Year 6 Camp at Luther Heights Cooloom from 1 March to 3 March 2021**.
- 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 enrolment and where relevant have updated this information.

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

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Payments may be paid using the Credit Card slip below. **PLEASE COMPLETE AND FORWARD TO THE SCHOOL OFFICE.**

### **KURWONGBAH STATE SCHOOL - CREDIT CARD PAYMENT SLIP**

Please charge my: ☐ Visa ☐ Master Card

**Credit Card Number:**

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Expiry Date: \_\_\_\_/\_\_\_\_

Amount: \$ \_\_\_\_\_.

In payment of: Year 6 Camp 2021

Student Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_





## **ATTENTION PARENTS OF YEAR 6 CAMP STUDENTS**

If your child will be required to take medication whilst at the Year 6 Camp, it will be necessary to complete the attached '**Administration of Medication at School Record Sheet**'. This is required for all medication, including over-the-counter medications (e.g. paracetamol, cough medicine, vitamins and natural remedies).

The form will need to be returned to the First Aid Room on the morning of the camp **from 7:30am on Monday 1st March 2021** by the parent/carer, along with the medication (in a named snap lock bag).

The provided medication must meet the following requirements:

- The medication **must be in-date** (i.e. not past the used by date).
- The medication must be **in the original pharmacy labelled container**.
- The medication must have a **valid pharmacy label which includes the name of the prescribing practitioner** to confirm that it is prescription medication.
- The pharmacy label must include the **child's name, prescribing practitioner, dosage, times of administration, route of administration** (e.g. oral) and **match the details completed on the attached form**.
- The student must have received a dose at home without ill effect prior to the school administering the medication.
- **Over-the-counter medications (e.g. paracetamol, cough medication, vitamins, natural remedies) will only be administered to students if prescribed by a medical practitioner and dispensed with a valid pharmacy label with the above requirements.**
- A separate form will need to be completed for each additional medication for students who require more than one medication.
- Accompanying paperwork from your child's practitioner e.g. an asthma action plan for students with asthma.

Any medication of any sort that is handed to the teachers in different packaging, without a label and the required instructions, will not be accepted or administered to your child.

No medication is to be with your child's belongings.

For students who require more than one medication, a separate form will need to be completed for each additional medication. These are available at the school office.

If your child already has medication at school and this will be going on camp please contact the First Aid Room.





# KURWONGBAH STATE SCHOOL

## YEAR 6 CAMP MEDICAL FORM 7 1<sup>st</sup> – 3<sup>rd</sup> MARCH 2021

**NOTE:** This form is to be filled in by a Parent or Carer of any student attending the Camp. The information contained herein is required by the Medical Practitioners in the event of a student requiring treatment. The information given here is not intended to stop a student coming to the Camp. It is important for the well-being of the student that this form be completed fully and accurately and all information will be kept confidential.

### STUDENT DETAILS

<b>Student Name:</b>			
<b>Date of Birth:</b>		<b>Class:</b>	

### CONTACT DETAILS

<b>Parent / Carer Name:</b>						
<b>Address:</b>						
<b>Contact Numbers:</b>	<b>Home:</b>		<b>Work:</b>		<b>Mobile:</b>	
<b>If Parent Unavailable</b>	<b>Emergency Contact Name:</b>			<b>Phone:</b>		

### HEALTH DETAILS

<b>Medicare Number</b>	____ / <b>Ref No.</b> ____		
<b>Additional Health Insurance?</b>	Yes / No	<b>Name of Fund:</b>	
<b>Date of Last Tetanus Booster:</b>			

**Does Your Child Suffer From Any Of The Following?** If yes please provide full details (severity, medication, action recommended etc). Medical conditions with a \* require an Action Plan.

Medical Condition	Yes / No	Action Plan	Details / Medication
Heart Problems*	Yes / No	Yes / No	
Respiratory e.g. Asthma*	Yes / No	Yes / No	
Epilepsy*	Yes / No	Yes / No	
<b>Allergies:</b> Food	Yes / No	Yes / No	
	Yes / No	Yes / No	
	Yes / No	Yes / No	
	Yes / No	Yes / No	
Diabetes*	Yes / No	Yes / No	
Blood Pressure	Yes / No		
Recent Operations	Yes / No		
Recent Illness	Yes / No		
Phobias	Yes / No		
Back, Bone, Joint Problems	Yes / No		
Bed Wetting	Yes / No		
Travel Sickness	Yes / No		
Sleep walking	Yes / No		
Other: Please list	Yes / No		
Swimming Ability	Non swimmer <input type="checkbox"/> Poor swimmer <input type="checkbox"/> Good swimmer <input type="checkbox"/>		

**MEDICATION:** Please see attached forms which must be completed and returned with the medication in a snap lock bag on the morning of the camps departure.

**Privacy Statement:** The Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be used or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.

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

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_





# Camp Diet & Allergy Form

The camp experience is about trialing new experiences including foods – We encourage all campers to eat the food provided if they are able. Please only fill out this form if the campers health is dependant on alternative foods. Our catering team take all dietary requirements very seriously. If this form is filled out the camper will not be able to eat other camp food even if they wish to do so. Campers with special dietary requirements may not be able to participate in the normal communal process of meal time if their diet requires separate containment.

**Name of School/Group:** .....

**Camper Name:** .....

## Allergies & Severity:

\*\*\*Some of our food products use the labelling "May contain" the following: Soy, Gluten, Nuts, Sesame, Lactose and eggs\*\*\*

Low = Allergy Non life threatening

High = Medically defined allergy – Life Threatening

### ALLERGIES

- |   |   |
|---|---|
| <input type="checkbox"/> Gluten Free / Coeliac .....          | <b>Severity:</b> Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Dairy Free / Lactose Intolerant..... | <b>Severity:</b> Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Egg Free.....                        | <b>Severity:</b> Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Fish/Shellfish Free.....             | <b>Severity:</b> Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Nut Free.....                        | <b>Severity:</b> Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Soy Free.....                        | <b>Severity:</b> Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Additives - Code Number(s) .....     | <b>Severity:</b> Low <input type="checkbox"/> High <input type="checkbox"/> |
| <input type="checkbox"/> Other: .....                         | <b>Severity:</b> Low <input type="checkbox"/> High <input type="checkbox"/> |
| .....   | <b>Severity:</b> Low <input type="checkbox"/> High <input type="checkbox"/> |

Please provide us with some examples of meals the camper may eat at home.

Breakfast: .....

.....

Lunch: .....

.....

Dinner: .....

.....

Snacks: .....

.....

### Diet:

- ☐ Vegan
- ☐ Vegetarian
- ☐ Halal / Kosher
- ☐ Other \_\_\_\_\_ (please provide meal examples above)

Guardian Name: .....

Phone: ..... Email: .....





**COOLUM SURFING SCHOOL (KENDALL SURF PTY LTD)**

Name of School/Group.....

**ABN 86 123 932 187**

**Event Participant's Declaration**

**mobile ph 0438 731 503**

- In applying to participate in this **COOLUM SURFING SCHOOL** surfing program ("the Event"):
- I **ACKNOWLEDGE** that there are inherent dangers associated with this activity and my participation in the activity, and that serious accidents can and do often happen which may result in me being injured.
- I **DECLARE** that I am medically and physically fit and free from impairment and able to participate in the Event.
- To the full extent permitted by law, I agree to **ABSOLVE AND INDEMNIFY COOLUM SURFING SCHOOL**, its directors, officers and employees from and against any and all liability for injury, loss or damage however caused arising out of my participation in the Event.
- I agree to **RELEASE AND FOREVER DISCHARGE COOLUM SURFING SCHOOL** from all claims that I may have or may have had but for this release arising from my participation in the Event.
- I **AUTHORISE COOLUM SURFING SCHOOL** to arrange medical or hospital treatment (including, without limitation, ambulance transportation) if I am not available to do so and I **INDEMNIFY COOLUM SURFING SCHOOL** for all costs associated therewith.
- I **AGREE** that **COOLUM SURFING SCHOOL** retains the right to utilize images of my participation in the Event for the purposes of promoting **COOLUM SURFING SCHOOL** programs and events.
- I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

STUDENTS NAME:..... PHONE:.....

ADDRESS:..... POST CODE: .....

EMAIL ADDRESS: .....

MOBILE: ..... AGES: ..... MALE..... FEMALE.....

Please indicate medical conditions that coaches should be aware of: .....

.....

How many lessons have you taken with this surf school previously? : .....

Signed: ..... Date: .....

Where the applicant is **under 18 years of age** this form must also be signed by the applicant's parent or legal guardian.

I, ..... am **the parent or guardian** of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parents Name:..... Date: .....

Parent's signature (where applicant under 18 y.o) : .....





## YEAR 6 CAMP GEAR LIST

### SPECIAL NOTES

1. Please name ALL belongings that are taken to camp.
2. NO food of any kind, jewellery, electronic devices, expensive cameras etc are to be taken to camp.
3. NO money will be needed at camp.
4. As is the case at school, sensible disciplined behaviour is expected at all times and those students who misbehave will be dealt with accordingly. Misbehaviour of a serious nature will result in the student being sent home at their parent's expense.

### GEAR LIST

#### BEDDING

Sleeping bag  
Pillow and pillow case  
Sheets

#### FOOTWEAR

Sandshoes/sneakers  
Thongs

#### CLOTHING

Pyjamas  
Underwear (4 changes minimum)  
Socks (4 pair)  
Shorts (2) – Longer style preferred  
T-shirts/Blouses (4)  
Handkerchiefs  
Jeans  
Swimming costume/ Towel  
Tracksuit/Jumper  
**School Hat**  
Raincoat (essential)

#### MISCELLANEOUS

Sunscreen 15+  
Pencil Case with pens/pencils/colours etc  
Suitable plastic bags for dirty clothes  
(e.g. garbage bags)  
Book to read  
Insect Repellent (Not Pressure pack)  
Sunglasses (recommended)  
1 Sunshirt/rashie or T-shirt for swimming  
1 water bottle

#### TOILETRIES

Brush/comb  
Soap  
Toothbrush/toothpaste  
Shampoo  
Towel  
(No Pressure Packs)



# Administration of medication at school record sheet (routine/short-term medication)

## Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer the necessary medication to your child while at school or during school-related activities. This information will only be accessed by authorised departmental employees, including school staff and State Schools Nursing Services. In accordance with section 426 of the *Education (General Provisions) Act 2006* (Qld) (regarding student's personal information) and the *Information Privacy Act 2009* (Qld) (parent/carer's personal information) this information will not be disclosed to any other person or body unless you have given DoE permission or DoE is required or authorised by law to disclose the information.

This form is a record of a parent/carer's request for the school to administer a single routine or short-term medication to their child. It is also designed to record the administration of this medication to a student by school personnel. For students who require more than one medication, a separate form will need to be completed for each additional medication. This form has space to record two doses of medication per day. More rows may be added if more than two doses are required per day. Where dosage requirements vary from day to day (e.g. for insulin, Rivotril), a letter is required from the prescribing health practitioner to advise the school that the parent/carer will be responsible for notifying the school of any adjusted doses.

N.B. If the student's dosage of medication changes (e.g. 20mg to 30mg), complete a new [Administration of medication at school record sheet \(routine/short term medication\)](#).

## Instructions

Prior to administering medication, confirm that:

- the parent/carer has completed Section 1 of this form and provided in-date medication in the original pharmacy labelled container
- the medication container has a valid pharmacy label which includes the name of the prescribing health practitioner to confirm that it is prescription medication
- the student has received a dose at home without ill effect prior to the school administering the medication
- the pharmacy label instructions match Section 1.

During administration:

- Follow sequence in *Appendix 2: Administering routine/short term medication checklist (INCLASS protocols)* in the [Guidelines for the administration of medications in schools](#).

After administration:

- Initial the appropriate box in *Section 2 – Record of administration of a single medication at school* to confirm that the medication was administered, or enter the appropriate code from the Key located at the bottom of Section 2.

☐ Parent/carer has collected unused medication that is no longer required to be administered at school.