# Kurwongbah State School

Eacham Street PETRIE QLD 4502



Government

Telephone: (07) 3481 4333 Fax: (07) 3481 4300

# **Activity consent form – Interschool Sport Term 2**

#### Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named child/student to participate in the named off-site activity;
- help coordinate the off-site activity;
- respond to any injury or medical condition that may arise during or as a result of the off-site activity; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.

Interschool Sport program is available to all Year 5 and Year 6 Students in Term 2 2022.

## Activity details:

Three dates are set aside for Interschool Sport in Term 2. These are as follows:

- Friday 29th April
- Friday 20th May
- Friday 3rd June
- Friday 17th June (Back up if weather cancellation in previous weeks).

Students will depart from Kurwongbah State School at 10.40am and return by 2.30pm.

- Students will travel to and from their venue by bus.
- The following sports are available to students:
  - **AFL** 0
  - Cricket 0
  - League Tag Girls 0
  - League Tag Boys
  - Soccer 0
  - Netball 0
  - Dodgeball 0
  - Ultimate Frisbee
- All sports have a Medium level of risk associated. Supervision staff have received a safety briefing and are aware of the risk minimisation strategies outlined in the Curriculum Activity Risk Assessment.
- Students must wear a mouthguard when participating in Australian football. The Department strongly recommends that students wear custom-fitted mouthquards.
- Students must wear their Jade shirt, shoes suitable for competition and must wear their hat. Students need to bring lunch and water with them.
- First Aid kits and individual medical details/ medication will be taken to the specific venues. First aid officers will be on site for each sport.

Activity costs: \$18.00 per child. This covers all of the 3 days in Term 2.

Kurwongbah State School is a cashless school. Preferred payment method is BPOINT (using the BPOINT link on the invoice emailed to you). Payment can also be made by QParents, EFTPOS or Cheque/Money Order (payable to Kurwongbah State School). Payment must be made by Monday 14th March 2022. No late payments can be accepted.

## **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; Queensland

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- 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.

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 activity, please contact Steve Wood on 34814333 or swood130@eq.edu.au

Yours sincerely

**Leanne Odorico**Principal
Kurwongbah State School

Steve Wood Deputy Principal Kurwongbah State School



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Please return this form to your School Office by Friday 14th March 2022

### **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 the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

## Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- . I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity.
- I agree to and understand the refund policy as it applies to this excursion (see Activity costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their 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 with all relevant details of the child/student's medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant Queensland Chief Health Officer's Directions.

Special Section for AFL Participants:

Please charge my:

Credit Card Number: Expiry Date:

Cardholder's Name:

In payment of: Interschool Sport Term 2

- I understand that mouth protection is mandatory in this sport. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection my child will wear whilst playing this sport.
- (Note: Students with a medical condition that may impact on their safety during participation in this activity must be cleared by a medical practitioner to participate in the activity).

	KUD	WONODALL CTATE CO	CHOOL - CREDIT CARD PAYMENT SLIP	
			slip below. Please complete and forward to the School Office.	
		nformation to be recorded	in OneSchool records.	
#If a reg	stration/enrolment form for your d in OneSchool.	child was completed or updated si	ince October 2012 and these details have not changed, this information will already be	
Private Health Insurance Company (if applicable):			Membership No.:	
Name of child/student's medical practitioner: Medicare No.:			relephone No.:	
		provide the following op		
OneS			medical information which may affect your child's full participation in the	ne
	onal medical information chool collected medical in	<del></del>	at registration/enrolment. This information is stored electronically in	
		Signature:	Date:	
Pa	Parent/Carer	Email address:		
		Phone number:		
		Name:		

☐ Master Card

Amount:

Student Name:

\$ 18.00

Cardholder's Signature:

Visa