Eacham Street PETRIE QLD 4502 Telephone: (07) 3481 4333 Fax: (07) 3481 4300

Activity Consent Form – Year 1-6 End of Term Celebration 'Colour Run'

Monday 7th June 2021

Dear Parent/Carer

On 23-25 June we will be holding a 'Colour Run' (the activity) as part of our Year 1-6 End of Term Celebration.

Activity Details:

- Wednesday 23rd June: Year 1 (2nd Session) and Year 2 (3rd Session).
- Thursday 24th June: Year 3 (2nd Session) and Year 4 (3rd Session).
- Friday 25th June: Year 5 (2nd Session) and Year 6 (3rd Session).
- The activity will be held on the school oval.
- Students will pass through a series of obstacles and activities positioned around the edges of the oval. Staff members will be responsible for dispersing the coloured powder onto students.
- The inherent risk level of the activity is considered to be <u>low</u>.
- All students must wear some form of eye protection (eg. Sunglasses, swimming or safety goggles).
- Students must also wear their regular school shoes. Students involved in the 2nd session Colour Run will be
 asked to change into their school uniform after their session is completed. Students involved in the 3rd
 session Colour Run have the option of wearing the clothing home if parents wish.
- Class teachers will be involved with students during the activity.
- The powder used is made from corn starch which is coloured with food dye. This is not classified as hazardous according to the Globally Harmonised System of Classification and Labelling of Chemicals (GHS) and Safe Work Australia criteria. Safety Data Sheets are available if requested.
- Students susceptible to respiratory irritation should <u>not</u> participate due to the presence of the fine dust.

Activity Costs: There are no costs associated with this activity.

For further information about the activity, please contact Steve Wood on 34814333 or swood130@eg.edu.au.

Yours sincerely

Leanne Odorico Principal Kurwongbah State School Steve Wood Deputy Principal Kurwongbah State School

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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 ____ in ____ <insert class>, to participate in the Year 1-6 End of Term 2 Celebration 'Colour Run' activity on 23/24/25 June 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 registration /enrolment and where relevant have updated this information.

Parent/Carer's name:			(Please p	orint)
Parent/Carer signature: _	Date:	:/_	/	



Please return this form to your

CLASS TEACHER

by Monday 21st June 2021.