



## Activity Consent Form 2024 Senior Athletics Carnival

### 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.

Where applicable, the information is being collected in accordance with section 102 of the Education and Care Services National Regulations and the Education and Care Services Regulation 2013 (Qld).

The information will only be accessed by authorised departmental staff and stored securely. The information will be dealt with in accordance with the confidentiality requirements of, as applicable, section 426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cth). 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.

Activity details: Our year 3-6 students will be participating in this year's senior athletics carnival at UQ as part of our HPE program.

- Date – Tuesday June 11<sup>th</sup>, 2024.
- Venue – University of Queensland Athletics Centre, Sir William MacGregor Dr, St Lucia QLD 4067
- Students will be bused by BCC buses to the UQ Athletics Centre with the following timetable:
  - Year 3 and Year 6 – 8am arrival at school at the latest for an 8:10am departure
  - Year 4 and Year 5 – 8:20am arrival at school at the latest for an 8:30am departure
- As the carnival is scheduled to finish at 3pm, students will be bused back to school in reverse order with arrivals back at school at approximately 3:20 and 3:40pm respectively. If you wish to pick your child up from the athletics centre at the end of the day, there will be a staff member present to see who will sign them out for you.

Activity costs: There is a cost of \$13.50 to cover the venue and bus costs. An invoice will be emailed to parents. Payment will be due by **Friday, May 31<sup>st</sup>**.

All students in years 3 to 6 will be attending this event as it is part of the HPE program at Ironside. If for any reason you do not want your child to participate in this event or they are unable to participate due to sickness/injury, please send an email to [jclar577@eq.edu.au](mailto:jclar577@eq.edu.au) before Tuesday, May 31<sup>st</sup> and let me know so we have an accurate record of all the students present on the day.

All information pertaining to this event can be found on our school website at <https://ironsidess.eq.edu.au/co-curricular/sports>. If you have any further questions after checking the website, please email me at [jclar577@eq.edu.au](mailto:jclar577@eq.edu.au) and I will help you.

**Angela Kelly**  
Principal

**Jeremie Clarke-Okah**  
HPE Specialist

### Activity risks and insurance

**Uncontrolled copy.** Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/school-excursions-and-international-school-study-tours-procedure> to ensure you have the most current version of this document.



## Activity consent form – Senior Athletics Carnival

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 give consent for the named child/student, \_\_\_\_\_ to participate in the identified activity.
- 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](#).

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	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/student'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 to be recorded in OneSchool records.

**\*Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

