

## Activity consent form – NDSHS Year 6 transition visit to NDSHS Pomona Campus

Dear Parent/Carer

On the 20th May 2021 we are inviting all in-catchment year 6 students to attend a day at Noosa District Pomona campus. Please note that the year 5 students from the composite class are also invited to attend the day.

This day aims to:

- Introduce Year 6 students to key staff at NDSHS
- Engage Year 6 teachers and students with our school's resources
- Provide information to students about transition to highschool

### Excursion Details:

- Students will be picked up from their primary school and travel to NDSHS Pomona Campus by bus.
- Year 6 teachers will accompany students on the bus.
- Activities will be run by key Junior Secondary staff.
- Bus pickup at Tewantin State School: 9am  
Bus drop off at Tewantin State School: 2:45pm

### What to wear:

- Students must wear school uniform

### What to bring:

- Pen, book and clipboard
- Lunch – something to eat (morning tea and lunch) and plenty of water to drink
- Hat

### Other information:

- Please provide medical information in case of an emergency.

### Activity costs:

NDSHS will cover the cost of this activity.

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages to your school office or teacher. Teachers will need to bring this information on the day.

### Permission forms to be handed to your teacher by Friday 14<sup>th</sup> May.

Please retain this front page for your information.

For further information contact our school office or email Olivia Smyth on [osmyt1@eq.edu.au](mailto:osmyt1@eq.edu.au).

Yours sincerely,



**Amelia Duelberg**  
Deputy Principal  
Noosa District State High 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 (Cwth).

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, \_\_\_\_\_, to participate in general curriculum activities.
- I understand that there are no costs involved 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 print)

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

### **Medical information**

Please give full details of any medical information (allergies etc) which may affect your child's full participation in the activity described below or if your child needs to take any medication throughout the day.

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### **You may also wish to provide the following optional information\*:**

Name of child'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.

