

## Activity consent form – 2023 Primary Swimming 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.

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](#).

On **Tuesday 28 November 2023**, we will be holding our annual **Swimming Carnival for Primary Students**.

### Activity details:

Date: **Tuesday 28 November 2023**

Time: **11:00am – 2:00pm**

Where: **Rockhampton Southside Pool, 2<sup>nd</sup> World War Memorial Swimming Pool**

What: **Primary Swimming Carnival**

Students will be involved in swimming and other water based activities under the supervision of teachers.

Students will need to bring hats, swimsuit, sun safe clothing, goggles, swimming cap, water bottles and sunscreen. First Aid is available on site as required.

Teacher in charge: **Murray Harch and Lachlan Scheuber**

Transport: Private Transport to and from the Pool.

Activity costs: No cost involved

If you wish for your child/student to participate in the activity, please complete this consent form and **return all pages**

**(including this page) to:** [administration@caprocksde.eq.edu.au](mailto:administration@caprocksde.eq.edu.au)

Or upload the completed form into the RSVP Webform

For further information about the activity, please contact the school on 07 49314800.

*Amanda Rynne*

**Amanda Rynne**

Principal

Capricornia School of Distance Education

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## 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 give consent for the named child/student, \_\_\_\_\_ **<insert child's name>** 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.

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## 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.