

## Parent - Activity consent form Year 4 Camp to Cooe Bay, Yeppoon

### **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 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/carers. 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 \_\_\_\_\_ wish to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for my 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 that you 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 my medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for my contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Parent/Carer	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:

## MEDICAL INFORMATION FORM

This information is confidential & will not be used to deny access to any part of the program.

### PERSONAL DETAILS

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Post code \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Indeterminant \_\_\_\_\_

### Health Conditions and other injuries

*Please indicate YES or NO if you have one or more of the following conditions that may affect the health and safety to fully participate during the excursion. If YES, please write details of the condition to assist camp coordinators in supporting you.*

*If you have a health condition requiring an Individual and/or Emergency Health Plan (IHP/EHP) or Action Plan which caters for the conditions of this camp, please attach a copy of these to this form.*

**INDICATE YES or NO AND GIVE FULL DETAILS:** (Attach further documentation if necessary)

Medical Conditions	Yes	No	Details – please specify
Asthma			
Respiratory Problems			
Cardiac Conditions			
Blood Pressure			
Allergies / Anaphylaxis			
Recent Operations/surgical procedures			
Epilepsy			
Food allergies			
Special Dietary Requirements			
Sleepwalking			
Other conditions or concerns			
Do you wear contact lenses			
Do you give authorisation for Qualified Practitioners, if required, to administer...			
• Anaesthetic			
• Blood Transfusion			
Are you presently taking any medication			
Is your tetanus booster up to date			Year of last booster:

Is there anything else that you feel we should be aware of?

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**EMERGENCY CONTACT PERSON:**

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RELATIONSHIP:

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ADDRESS:

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TELEPHONE: (Mobile) \_\_\_\_\_

**MEDICARE NUMBER:** \_\_\_\_\_

PRIVATE MEDICAL INSURER:

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POLICY NUMBER:

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**Print Name** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT/ GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_