

Talara Primary College Activity Consent Form

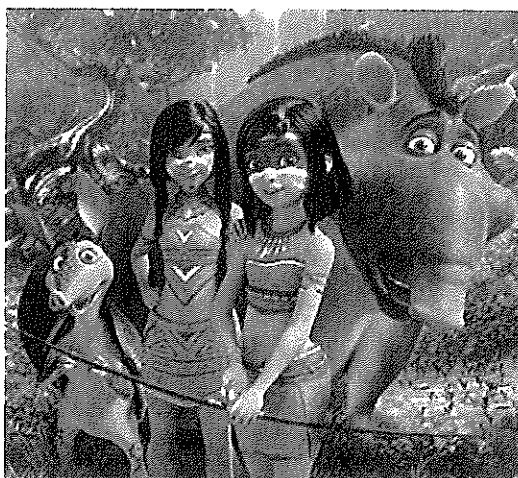


YEAR 4 GOLD PASS DAY TERM 3 2021

Ph:5438 3777

Dear Parents and Caregivers,

This letter is to share with you and your child that this term, they will be rewarded with Gold Pass Day to Kawana Events Cinema to see "AINBO: Spirit of the Amazon" (rated PG). For more information on ratings and reviews please visit your preferred movie rating resource.



Students will travel by bus on Thursday 16th September departing Talara at 8.55am sharp and returning at 11.30am.

We congratulate and thank your child for adhering to our school's Code of Behaviour and hope they enjoy this celebration Gold Pass Day. Please return the permission slip attached and ensure payment has been made prior to Friday 10th September if not already done.

Payment Options:

1. **BPOINT** – Online method. Click on hyperlink – bottom left of invoice
2. **QKR APP** – Download from the App Store
3. **QPARENTS APP**
4. **EFTPOS** – Payments can be made at the school office
5. **CENTREPAY** – Use Centrepay to arrange regular deductions from your Centrelink payment. Centrepay is a voluntary payment option available to Centrelink customers. *Go to humanservices.gov.au/Centrepay for more information.*

Regards,
Paul Bathersby
(Deputy Principal on behalf of the Behaviour Committee)

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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) in class _____ (class 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.
- 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.

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.

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.

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.

