



**NOOSA
DISTRICT SHS**

Excellence Through Diversity
An Independent Public School

Tulip St Cooroy QLD 4563 | PO Box 564

Ph: 07 5472 2222

office@noosadistrictshs.eq.edu.au

Summit Rd Pomona QLD 4568 | PO Box 168

Ph: 07 5480 8111

pomona.office@noosadistrictshs.eq.edu.au

www.noosadistrictshs.eq.edu.au

Activity consent form – Frontiers for Young Minds Excursion

5 November 2018

Dear Parent/Carer

On 29 November 2018 a group of STEM students have been invited to observe the Frontiers for Young Minds Live Review: Special Plenary Session at the 2018 conference, facilitated by the Thompson Institute USC.

Activity details:

- Students to meet at NDSHS Pomona Campus at 8 am sharp. Students to travel via bus to and from the Sofitel Noosa Pacific Resort, 14-16 Hastings St, Noosa Heads. If you wish to transport your child directly to the Sofitel, they will need to be there at 8.45 am, and wait in the lobby for supervising teachers - Ms Zagami/Mr Meredith. **PLEASE NOTE THIS ALTERATION ON PERMISSION FORM.**
- Once the session finishes at 10.30 am all students will be transported back to school via bus.
- Students will be involved in the observation of the Live Review. For more information: Frontiers for Young Minds Live Review: Special Plenary Session at SMHR2018
- Students are asked to be in full school uniform, with school blazers (supplied by school). Students need to have water bottles and morning tea.
- A signed consent release form is required for this activity. Please complete and return to Ms Zagami.

There is no charge for this activity.

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 Ms Zagami by Monday 26 November 2018.

For further information about the activity, please contact Ms Zagami on lzaga1@eq.edu.au

Yours sincerely

Stacy Wilmore
Head of Campus
Noosa District SHS Pomona Campus

Lyndel Zagami
Head of Department
Noosa District SHS Pomona Campus

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.

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <http://ppr.det.qld.gov.au> to ensure you have the most current version of this document.

Page 1 of 2



**Queensland
Government**

Activity consent form – (Frontiers for Young Minds)

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, _____ <insert child's name> in _____ 8A to participate in the Frontiers for Young Minds excursion on Thursday 28 November 2018.
- I will pay to the school the costs detailed in this consent form 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: ____/____/____

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'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 about my child's medical information to be recorded in OneSchool records.



