

15/06/18

Dear Parent/Carer

Your son has showed interest in the **Sunshine Coast Futsal titals**, played at Caloundra Indoor Sports Stadium – North St Golden Beach on Monday 15th June.

Students will need to make their own way to and from the venue to reduce cost.

There is a \$180 team entry cost. There are eight team member going which means each student needs to **pay \$22.50 at the school admin office before Friday the 22nd June.**

Students will be provided with a playing shirt for the day which needs to be returned washed. Student to wear own shorts and socks. Game fixtures, starting times and completion will be provided closer to competition date.

If you wish for your child to participate in the activity, please complete this consent form and return all pages (including this page) to:

Mr Christie

For further information about the activity, please contact Lee Christie on 54722245

Yours sincerely

Lee Christie
Sport Coordinator
Noosa District State High School

Stacey Wilmore
Deputy Principal
Noosa District State High School

Consent for _____ for the Sunshine Coast Futsal titals on 25th June.

Privacy Notice

The Department of Education and Training 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 s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, 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 be 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.

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- 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 of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, _____ (print child's name) in class _____ (print class details), to participate in the activity detailed above.
- I agree to pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____

Additional medical information

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

You may also wish to provide the following information*:

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if provided): _____ Membership No.: _____

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

- I would like this additional information about my child's medical and physical details to be recorded in OneSchool records.