31 January 2017

Dear Parent/Carer

Commencing Monday 6 February 2017 Year 8 students will be travelling by bus to the Kennedy Regiment Memorial Pool as part of their Year 8 Health and Physical Education program for Term 1. The aims of the activity are to expose students to basic water safety and to develop confidence in and around water. Swimming activities will include safe entry and exit of a swimming location, swimming strokes, treading water and introductory to pool/water safety. These classes will be co-ed classes in usual class groups. As the students are leaving the school grounds and travelling to the pool the risk for this activity has been assessed as high, however, qualified and responsible adult supervision will be provided.

- HPE081B & HPE081D will be attending the pool as follows: Mondays (20th and 27th February, 6th and 13th March) from 12.15pm to 1.25pm; Wednesdays (8th and 15th February) from 9.10am to 10.20am.
- HPE081A & HPE081C will be attending the pool: Tuesdays (7th, 14th, 21st and 28th February and 14th and 21st March) from 10.20am to 11.30am.

Health and Physical Education is a core learning area and as such participation is mandatory until Year 10. Students who are unable to participate due to medical reasons MUST have a signed note in their diary and presented to their teacher prior to the lesson. These students will undertake theory work, taking notes on the lesson at the pool.

Students should note that they will not be allowed on the excursion unless they are in full school uniform and are wearing covered in shoes and a hat. Students need to bring a bottle of cold water and sunscreen. Students will change at the pool. Please ensure they have a towel and any other essential materials including a plastic bag for wet clothes. Sun-safe swimwear is mandatory: a swim shirt or light t-shirt must be worn at all times. Students may wear board shorts. No food is to be brought/bought as students will return to the school grounds prior to lunch times.

There is no cost for transport or pool entry as this has been included in school fees for this subject.

Please note that the Department of Education and Training does not have Personal Accident Insurance cover for students.

Please complete the Activity Consent Form and return it to Ms Jennifer Barkley at the school by Monday 6 February. Any questions should be directed to Ms Barkley on 4754 6555.

Yours faithfully

Moya A Mohr
Principal

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Activity Consent Form

Privacy Notice
The Department of Education and Training (DET) 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
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 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 (below) 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 of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, ___________________________ <insert child’s name> in Year 8/2017, to participate in Swimming Classes at the town pool from 7 February to 14 March 2017, travelling by bus.
- I will pay to the school the costs detailed above 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 of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child’s medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer’s 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 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 provide the following information*

Name of child’s medical practitioner: ___________________________ Telephone No.: ___________________________

Medicare No.: ____________________________________________

Private Health Insurance Company (if applicable): ___________________________ 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 information to be recorded in OneSchool records.