

Currajong State School Activity Consent Form

Year 5 Camp Charters Towers & Virginia Park Station

	<i>Please Circle</i>	<i>Possible effects on activities during excursion</i>
Heart Problems	Yes / No	
Asthma (puffer)	Yes / No	
Respiratory Problems	Yes / No	
Allergies	Yes / No	
Travel Sickness	Yes / No	
Blood Pressure	Yes / No	
Epilepsy	Yes / No	
Diabetes	Yes / No	
Recent Illness	Yes / No	
Medication Required (Please state medication, dosage, times required, etc) <i>(Medication and Authority form must be given to the supervising teacher prior to departure.)</i>	Yes / No	
Drug Reactions (e.g. Penicillin, Allergy)	Yes / No	
Other	Yes / No	
Phobias	Yes / No	
To my knowledge, injections are current (e.g. Tetanus, Polio)	Yes / No	
Doctor's Details		
Dietary requirements	Yes/No	Details:

ACTIVITY DETAILS:

Horse Riding.

- Inherent risk level of this activity – High.
- Students will be in a contained area, led by an experienced instructor and on mature aged horses which are used to working with students.
- Helmets must be worn for safety.
- Long pants and closed in shoes must be worn

Please tick the box below to indicate that you give permission for your student to participate in horse riding. **NO** student can participate in this activity without permission.

Horse Riding: I give consent for my child, _____ (print child's name) in class _____ (print class details), to participate in the activity detailed above.



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Consent

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, Training and Employment 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, Training and Employment) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: _____ (Please Print)

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

Parent /Carer contact number

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.

Privacy Notice

The Department of Education, Training and Employment 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, Training and Employment 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/carers. 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.



Queensland Government