

Birkdale South State School

451 Old Cleveland Road East P 07 3820 4333 E admin@birkdalesouthss.eq.edu.au
Birkdale Qld 4159 F 07 3820 4300 W www.birkdalesouthss.eq.edu.au



22 February 2021

Activity consent form – INTERSCHOOL SPORT CARNIVAL DAYS

Dear Parent/Carer

As part of our HPE program, all Year 5 and 6 students will be participating in four Inter-School Sports Carnival Days throughout the year. The sports involved in these carnivals provide opportunities for students to demonstrate skills and team tactics taught in a game situation and encourage sportsmanship and teamwork.

Touch Football, Soccer and Netball for Carnival Day 1 & 2 and Team Handball, Nucombeball/Volleyball, Oztag, T20 Cricket for Carnival Days 3 & 4. Students will preference their choice of sport for each round of competition.

Activity details:

- SPORTS:** Round 1 - Touch Football, Soccer, Netball
Round 2 – Team Handball, Nucombeball/Volleyball, Oztag, T20 Cricket
- DATES:** Carnival Day 1 – Tuesday 30 March (wet weather 20 April)
Carnival Day 2 – Tuesday 1 June (wet weather 8 June)
Carnival Day 3 – Tuesday 17 August (no wet weather date available)
Carnival Day 4 – Tuesday 12 October (wet weather 19 October)
- TRANSPORT:** Students will travel by bus to each of the venues
- TIMES:** Departure from school will be 9:00am with buses returning to school by 3pm each carnival day
- UNIFORM:** School sports uniform, hat and suitable footwear (i.e. Shin pads and runners or boots for soccer)
- FOOD:** Students are required to bring their own morning-tea and lunch
- SAFETY:** Hats and sunscreen to be worn, drink bottles for hydration
- COST:** There will be a bus transport charge of \$35.00 for the year
Parents/carers will be asked to pay this prior to **Tuesday 23 March**
- VENUES:** Touch Football – Cleveland Showgrounds Team Handball – Pinklands, Thornlands
Soccer – John Fredericks Park Capalaba Nucombeball/Volleyball – St Luke’s Primary School
Netball – Pinklands, Thornlands Oztag – Cleveland Showgrounds
T20 Cricket - John Fredericks Park, Capalaba
- TRAINING:** Team members will be advised by their coaches of days and times
- COACHES:** Year 5 and 6 teachers

If you wish for your child/student to participate in the activity, please complete this consent form and return by **Tuesday 23 March 2021**.

For further information about the Carnival Days, please contact the HPE Department on 3820 4333.

Yours sincerely

Linda Knight
Principal

Yvette Butterworth
HPE Teacher

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.

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ACTIVITY: Touch Football, Soccer, Netball, Team Handball, Nucombeball/Volleyball, Oztag, T20 Cricket
DATE: Tuesdays 30 March, 1 June, 17 August & 12 October 2021
PAYMENT DUE: Tuesday 23 March 2021 Child's Name _____ Class _____

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.

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 _____ <insert group/class details>, to participate in the Interschool Sports Program activity on 30 March, 1 June, 17 August & 12 October 2021.
- 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.

Enclosed is my cash payment for the excursion. \$35.00

Please use the credit on my child's account to pay for the excursion (**note: only if you have a pre-paid credit**)

I have made this payment by the Internet using Student Reference Code: _____

I have made this payment by BPoint on _____ (date)

Credit Card (must be paid in person at the office)

Parent/Carer Name: _____ (Please Print)

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