

Birkdale South State School

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



20 March 2021

Activity consent form – OSPREY CUP – TOUCH FOOTBALL

Dear Parent/Carer

On **Wednesday 31 March 2020** we will be competing in the Osprey Cup Touch Football as part of our feeder program with Wellington Point State High School.

The aims of the activity are to incorporate touch football skills in to a game situation and familiarise students with the high school.

Activity details:

- SPORT:** Touch Football
DATE: 31 March 2021
VENUE: Wellington Point State High School
EVENT: This event will be organised by the PE department of Wellington Point State High School and our coaches will supervise our teams.
TRANSPORT: Students will be traveling by bus to and from the venue. We will be departing the school at 8:15am sharp and returning to school by 3:00pm.
UNIFORM: School uniform, hat and suitable footwear (runners or boots)
SAFETY: Students are required to bring a hat, sunscreen and water bottle.
FOOD: Students are required to bring their own morning tea and lunch as there are no tuckshop facilities.
COST: There will be a bus transport charge of \$8.00.
COACHES: Dean Johnson and Yvette Butterworth
BEHAVIOUR: All players must strictly adhere to all of these safety requirements on the day or they will not be allowed to participate in the game.

Activity costs:

If you wish for your student to participate in the activity, please complete this consent form and return all pages to the office no later than **Tuesday 23 March 2021**.

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

Yours sincerely

Linda Knight
Principal

Dean Johnson
HPE Teacher

Yvette Butterworth
HPE Teacher

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 (Cwlth).

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.

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ACTIVITY: OSPREY CUP – TOUCH FOOTBALL
DATE: Wednesday 31 March 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, _____ in _____ class to participate in the Osprey Cup Touch Football activity on 31 March 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. \$8.00

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: ____/____/____