



Activity consent form – Trevena Glen Farm Visit

5 August 2019

Dear Parent/Carer

On Friday 30 August 2019, we will be visiting Trevena Glen Farm as part of our Science and HASS units.

The aims of the activity are to view domesticated animals in their natural habitats, explore the life stages of a variety of animals and to view and experience some modes of transport from the past and present.

Activity details:

Classes: 2A, 2B & 2C
Class Teachers: Mrs Murray, Mrs Lewis and Mrs Thomas
Destination: The students will be going to Trevena Farm, Mount Samson. The farm is located in the foothills of the D'Aguiar range about 1 hour from school. Students will be transported to and from the farm by bus.

Activities involved: Activities include:

- handle and feed various small animals (medium risk: trained staff conducting the activity, students will be provided with access to hand washing facilities and reminded of hygiene)
- experience other aspects of farm life such as watching pig feeding, observation of egg candling, viewing farm animals and discussing habits and requirements (medium risk: trained staff conducting the activity, children will be reminded to stand back from fences)
- wagon ride (tractor/trailer) (high risk: supervision 1:4 ratio, rear wagon contains seats and a secured rear gate, additional supervision for students with identified needs, trained staff conducting the activity, adult supervision to ensure students remain seated, ladder with rails to assist children to climb into and out of the wagon).

What to bring: Hat, 2 water bottles, a good sized, healthy lunch, sunscreen.
Children will not be required to carry their belongings on the tours, bags will be left at the lunch spot. Please ensure adequate food is packed as there will be breaks between activities and children will snack throughout the day.
Any additional medication, not usually kept at school that is to accompany children must be labelled and accompanied by a letter from a doctor. Medication will need to be brought to the office with the appropriate letter and forms will need to be completed. Please see your class teacher as soon as possible, prior to the excursion. (eg for conditions such as travel sickness or allergies)

Activity costs: \$35.00. Payment due Tuesday 27 August

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages (including this page) to your classroom teacher. For further information about the activity, please contact your classroom teacher directly.

Yours sincerely

Mrs Linda Knight
Principal

Mrs Katy Murray
Year 2 classroom 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: Trevena Glen Farm Visit

DATE: Friday 30 August 2019

PAYMENT DUE: Tuesday 27 August

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 _____, to participate in the Trevena Glen Farm Visit activity on Friday 30 August 2019.
- **I do/do not consent to my child _____ participating in the wagon ride activity. (Supervision will be available for non-participating students.) **Please circle**
- 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

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: _____ and reference code: TravenaGlen

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: ____/____/____