



## Activity consent form – Term 3 and 4 Arts

10 June 2019

Dear Parent/Carer

On Wednesday 14 August 2019 and Wednesday 27 November, we will be participating in two Arts incursions as part of our Arts and Science programs. The Term 3 performance falls in Science Week and is entitled “The Magical World of Crazy Science” and our Term 4 performance is entitled “Beats Alive!”.

The aims of the activity are to engage students in the features of an effective arts performance as well as provide content in line with curriculum needs. “The Magical World of Crazy Science” is a delightful mixture of visual magical science demonstrations that teaches a wide array of Chemistry and Physics concepts. A non-stop roller coaster ride that combines science, illusion and the arts. A totally unique show that will have children spellbound. 50%Chemistry/50%Physics/100%Fun!“BeatsAlive!” is an interactive musical experience that explores a child’s natural love of rhythm and noise-making.

### Activity details:

- Both performances will take place in the Hall
- Both performances will have an element of student interaction
- Students MAY be asked to volunteer to participate in some aspects of the show.
- All necessary equipment, including safety equipment, will be provided.
- Students with noise-aversion can bring headphones
- Students will be seated for most of the performances but some physical movement may occur during “Beats Alive!”
- There is low risk associated with this activity.
- Both performances fall under the jurisdiction of Queensland Music Festival and more information can be found on their website <https://www.qmf.org.au/>

### Activity Costs:

The cost of this activity is \$16 in total for both performances

If you wish for your child to participate in the activity, please complete the attached consent form and return to the office no later than 9 August 2019. (Please note the permission and payment is for BOTH the Term 3 and Term 4 performances. Failure to pay by the due date will mean students can’t attend either performance).

For further information about the activity, please contact Jenny Stevens on 38204333, [jstev5@eq.edu.au](mailto:jstev5@eq.edu.au).

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 Birkdale South SS.

Yours sincerely

\_\_\_\_\_  
**Linda Knight**  
Principal

\_\_\_\_\_  
**Jenny Stevens**  
Year 4 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.

# Activity consent form – Arts

**ACTIVITY:** Arts Performances  
**DATES:** Wednesday 14 August and Wednesday 27 November **Child's Name** \_\_\_\_\_ **Class** \_\_\_\_\_  
**PAYMENT DUE:** Thursday 8 August

## 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 Term 3 and 4 Arts activity on Wednesday August 14 and Wednesday 27 November.
- 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. \$16

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: ARTS2019

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: \_\_\_\_/\_\_\_\_/\_\_\_\_