



01 April 2019

Dear Parent/Carer

The school's Athletics Carnival is an annual event that provides students with the opportunity to develop and showcase their skills in a number of events, while fostering house and school spirit.

Achievements from the athletics carnival allow our students the possibility to compete against other students in the Port Curtis region, therefore it is an important event on the school calendar. Students will have the opportunity to participate in athletics events during both lunchbreaks and the carnival on the 9<sup>th</sup> and 10<sup>th</sup> May 2019.

**Further activity details:**

Appropriate behaviour is absolutely essential in this high risk environment. Students will be required to use equipment according to strict safety guidelines, as instructed by their teacher prior to commencement, and will be actively monitored to ensure safe protocols are followed at all times. In the event that a student demonstrates unsafe behaviour, they will immediately be asked to stop the activity and will be unable to recommence unless the teacher is confident that they are ready to fully comply with all safe operational requirements. If further unsafe behaviour ensues student's parents will be notified.

**Activity Costs:** Nil

Please complete the attached consent form and return to your child's Care Class teacher by Tuesday 23 April 2019.

For further information about the activity, please email or ring Nikita La Burniy ([ndlab0@eq.edu.au](mailto:ndlab0@eq.edu.au)) phone 07 49766119.

Yours sincerely

**Mr Garry Goltz**  
Principal

**Vanessa Randazzo**  
HPE & Marine Head of Department

**Nikita La Burniy**  
Sports Coordinator

A: 30 Dawson Road, Gladstone, QLD 4680 | PO Box 260, Gladstone, QLD 4680

P: (07) 4976 6111 F: (07) 4976 6100 E: [principal@gladstonshs.eq.edu.au](mailto:principal@gladstonshs.eq.edu.au) CRICOS Provider Code: 00608A

**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.

**Positive Behaviour for Learning**

The supervising teacher may take disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of students as a group or individually whilst participating in this activity.

**Activity Risks & Insurance**

Please note that the Department of Education and Training does not have personal accident insurance cover for 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 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.

**Consent**

By signing this form (below) 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 of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, \_\_\_\_\_, to participate in the athletics training activities during lunchtimes, throughout Term Two and the School Athletics Carnival on 09 and 10 May 2019.
- 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 of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer Name: \_\_\_\_\_ (Please Print)

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional medical information**

The school collected medical information about your child at 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 provide the following information\*:**

Name of child's medical practitioner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Private Health Insurance Company (if applicable): \_\_\_\_\_ Membership No.: \_\_\_\_\_

I would like this additional information about my child's medical information to be recorded in OneSchool records.