**Activity consent form – <insert name and date of activity>**

***Privacy Statement***

*The Department of Education is collecting the personal information in this form in order to:*

*- obtain consent for the named child/student to participate in the named off-site activity;*

*- help coordinate the off-site activity;*

*- respond to any injury or medical condition that may arise during or as a result of the off-site activity; and*

*- update school records where necessary.*

*Where applicable, the information is being collected in accordance with section 102 of the Education and Care Services National Regulations and the Education and Care Services Regulation 2013 (Qld)*.

*The information will only be accessed by authorised departmental staff and stored securely. The information will be dealt with in accordance with the confidentiality requirements of, as applicable, section 426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cth)*. *The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant* [*Queensland Chief Health Officer’s Directions*](https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers)*.*

On <insert date>, we will be <insert activity> (the activity) as part of our <insert program>.

The aims of the activity are <insert educational aims/learning outcomes/enrichment experience>.

Activity details: <Outline all relevant details about the activity. Provide sufficient information about the nature of the activity so that informed consent can be provided>

As a minimum, this information should include:

* activity details (e.g. date/s, day/s (if the activity is recurring i.e. every Thursday for Semester 1), duration, arrival and departure times, location/s)
* description of the proposed destination
* proposed activities to be undertaken by the child/student during the excursion
* inherent risk level of the activity (e.g. low/medium/high/extreme) and any risk management strategies that will be implemented (e.g. use of personal protective equipment, extra drink breaks during hot weather and emergency health equipment/kits)
* who will lead the activity and supervision arrangements (e.g. group size, teacher-in-charge)
* if volunteers are required
* method/s of transport to be used (e.g. detail any travel arrangements during the excursion) Note: if using private transport, explicit consent must be provided to cover this. See [Transport permission form](http://ppr.det.qld.gov.au/education/management/Procedure%20Attachments/School%20Excursions/Transport%20permission%20form.DOC)
* accommodation (if applicable)
* appropriate dress code for the activity (e.g. list suitable clothing to be worn and any protective clothing that may be required such as hat or closed in shoes)
* [Student Code of Conduct](http://ppr.det.qld.gov.au/education/learning/Procedure%20Attachments/Student-discipline/Student-code-of-conduct-fact-sheet.pdf) (for P-12 students only)
* any precautions to be taken (e.g. sunscreen, water bottles)
* any information relevant to students/children with disability (e.g. reasonable adjustments made, specialised or additional support) and/or medical and individual requirements (e.g. diabetes, asthma, travel sickness, allergies or anaphylaxis, i.e. action plan).>

<For activities involving children in a kindergarten learning program, the following information **must** also be included in order to meet the legislative requirements of the *Education and Care Services National Law* (Qld) and the [Education and Care Services National Regulations](https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2011-ecsnr)*,* specifically,Regulations 99-102:

* anticipated number of children who will attend the activity
* anticipated ratio of educators to children during the activity (according to age where relevant)
* anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion
* a risk assessment about the activity is available for parents to access
* requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported (if the activity involves transporting children).>

Activity costs: <Outline all costs and any refund policy (see the [excursions and camps](https://intranet.qed.qld.gov.au/Services/Finance/Revenue/excursions) page for guidance)>

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:

<Insert name of school’s contact and contact details>

<Detail request for volunteer adult supervisors here if required>

For further information about the activity, please contact <name of contact at school> on <insert telephone number and email>.

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**<School Principal’s name>** < **Teacher’s/Coordinator’s name>**

Principal <Teacher/Coordinator’s position>

<Name of school>

**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 the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

**Consent**

By signing this form, I agree to all the following statements:

* I have read all of the information contained in this form in relation to the activity (including any attached material)
* I am aware that the department does not have personal accident insurance cover for students.
* I give consent for the named child/student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ <insert child’s name> to participate in the identified activity.
* I will pay to the school the costs detailed in this consent form for the child/student’s participation in the activity.
* I agree to and understand the refund policy as it applies to this excursion (see Activity costs)
* In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their 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 with all relevant details of the child/student’s medical or physical needs on registration /enrolment and where relevant have updated this information.
* I give consent for student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer’s Directions](https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers).

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer/Student\* | Name: |  | |
| Phone number: |  | |
| Email address: |  | |
| Signature: |  | Date: |

**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.

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**You may also wish to update/provide the following optional information#:**

Name of child/student’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 to be recorded in OneSchool records.

**\*Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**