

28 November 2023

Dear Parent/Caregiver

2024 Carnival, HPE & Inter-school sport events participation & transport consent

Throughout the school year, you will receive correspondence with information relating to various sports activities/events seeking your consent for your child to participate. We request you complete and sign this form once per year as your consent is compulsory for transport to and from off-campus venues such as - sports activities/events that are programmed in the HPE curriculum, Swimming Carnivals, Cross Country, Track & Field Carnival and inter-school sports.

Details of the relevant activities will be communicated when the dates are confirmed. This consent form includes:

- **Homestead carnivals and their associated transport:** Swimming, Cross Country and Track & Field
- **HPE lessons conducted offsite at venues within walking distance:** (e.g. Sir Bruce Small Park, Rosser Park)
- **High Risk Activities including discus, javelin, golf, swimming in pools and weight training.** Those activities undertaken in class will have strict guidelines that will be stated at the start of the unit and reinforced during each lesson. Students who pose a health and safety risk to themselves and/or others may be removed from the activity by the Head of Department - HPE.
- **Inter-school/school sport (e.g. Cluster Days) and their associated transport to off-campus venues**

All curriculum activities have an inherent risk level. While the risk level of a curriculum activity cannot be altered, control measures put in place can mitigate the risk and enable the activity to be conducted safely. Teachers will provide induction and instruction, demonstration and supervision of safe practices within the particular activity. Students are obligated to comply with the instructions given, use personal protective equipment where required and not wilfully place at risk, the health and safety of themselves or any other person.

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 excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. 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](#).

If you wish for your child/student to participate in the activities/events outlined above, please complete this consent form and return all pages (including this page) to: sport@benowashs.eq.edu.au

Should you have any queries, please contact the Sports Coordinator sport@benowashs.eq.edu.au

Yours in Sport



Alison Fahlbusch
Principal



Ian Hutchison
Head of Department HPE



2024 Carnival, HPE & Inter-school sport events participation & transport consent

Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer 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 give consent and agree that my student named below can participate in the various Benowa SHS Sports Events detailed below during the normal school hours of operation.

Student Name:		Year Level:		Care Class:	
---------------	--	-------------	--	-------------	--

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

- Activities included in the Health & Physical Education lessons conducted offsite at venues within walking distance (e.g. Sir Bruce Small Park, Rosser Park);
- Activities included in the Homestead Sports Carnivals (Swimming, Cross Country and Track & Field)
- Activities included in the Inter-School/Sports Program (e.g. Cluster Days)
- High Risk Activities including discus, javelin, golf, swimming in pools and weight training. I understand the listed curriculum activities are considered as high risk. I give consent for my student to participate in the listed activities. I declare my student has **NO** identified medical condition/s that may impact their safety during participation in the high/extreme risk event/s. I have listed below any high risk activities that I would like my child to opt out of:
- I have read the "Carnival, HPE & Inter-School Sport Events Participation & Transport Consent Confirmation" information in regards to the participation of my child in the School Sports Program during the normal school hours of operation and transport of them during this time to off-campus venues;
- I hereby give permission for the transport of my child to and from off-campus venues for the conduct of the Benowa SHS Sport Events as listed above. I understand the modes of transport may include bus, taxi, maxi-taxi, or walking with teacher supervision;
- I am aware that the department does not have personal accident insurance cover for children/students.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this activity (Activity costs are provided separately)
- 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.
- Medical information:** 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 child/student contact information to be shared in relation to this activity/event in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information	Name:		
	Phone number/s:		

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/event described in the form.

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.: _____

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

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/school-excursions-procedure> to ensure you have the most current version of this document.

