



# LOTA STATE SCHOOL

*Happy-Safe-Learning*

2 February 2021

## **RE: 2021/2022 Use of Local Off Campus Facilities (Cox Park)**

Dear Parents and Carers,

**Included with this letter you will find the 2021/2022 Use of Local Off Campus Facilities (Cox Park) document which requires completion and must be returned no later than by Friday 19 February via Lota State School Office.**

From 2021 onwards, each calendar year all families will be required to complete a permission form per child for use local off campus facilities (Cox Park) for school activities.

In the past for example, Lota State School has accessed Cox Park for activities such as Cross Country, Celebration Days or individual class organised activities. The permission form covers your child for the whole of 2021/2022.

Yours Sincerely,

Kyle Low

Proud to be the Principal of Lota State School



# LOTA STATE SCHOOL

Happy-Safe-Learning

### 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 (Cwth).

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 Risk, Insurance and Medical Consent Form

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 (below) I agree that:

- I give consent for my child, \_\_\_\_\_ (insert child's full name) whose date of birth is \_\_\_ / \_\_\_ / \_\_\_ (insert DOB), to participate in the **Use of Local Facilities (Cox Park)** for school activities in **2021/2022**.
- I understand that the transport is via walking to and from Lota State School to Cox Park.
- 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 does not have personal accident insurance cover for students.
- 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 of Education in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education 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 Full Name)

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

PHONE Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact: (If unable to contact parents): \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Medical Information

The school collected medical information about your child at registration/enrolment and at the beginning of each new school year. 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.

Please tick if you would like this information about your child's medical information to be recorded in OneSchool records.

Receipt details to be completed by School Administration Staff. Payment Amount Required: \$0						
School Receipt Reference: Not Required			Customer Details: Not Required			
Receipt:	Date		Number		Amount	\$0



# LOTA STATE SCHOOL

*Happy-Safe-Learning*

## EXCURSION MEDICAL FORM:

EVENT & VENUE: RE: 2021/2022 Use of Local Off Campus Facilities (Cox Park)

STUDENT/ADULT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CLASS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PARENT / GUARDIAN NAME/s: \_\_\_\_\_

PHONE Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact: If unable to contact parents –

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Considerations	Circle Yes or No	Details
Heart Problems	Yes / No	
Asthma (puffer)	Yes / No	
Respiratory Problems	Yes / No	
Allergies: (food, drugs, ointment etc.)	Yes / No	
Travel Sickness	Yes / No	
Blood Pressure	Yes / No	
Epilepsy	Yes / No	
Diabetes	Yes / No	
Recent Illness:	Yes / No	
Medication Required (Please state medication, dosage, times required, etc.) (Medication must be given to the supervising teacher if parent not attending)	Yes / No	
Drug Reactions: (eg: Penicillin, Allergy)	Yes / No	
Other:	Yes / No	
Phobias:	Yes / No	
To my knowledge, immunisations are current (eg Tetanus, Polio). Date of last injection if available:	Yes / No	
Dietary Considerations	Yes / No	

Signed: \_\_\_\_\_ (Parent / Guardian) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_