3rd February 2017

Dear Parents and Carers,

Sporting Schools Program

Currumbin Valley State School together with the support of the P&C recognise the value of the program within our community to the students and their families.

Led by Senior Coach – Kelly Balshaw, we are again providing an opportunity for the program to continue.

Sporting Schools runs for 7 weeks each term on Tuesday and Wednesday from 3:00 until 4:00pm. The program will commence next Tuesday 7th February. Please ensure that you are collecting your child on time each day.

Students will NOT be provided with afternoon tea so it is highly recommended that they bring a small snack and plenty of water. Hats are compulsory as per all school events.

Permission must be returned prior to the commencement of the program next week before students are allowed to participate in the second week of the program.

Parents are more than welcome to attend and participate in the afternoon activities.

We look forward to your child/ren being involved and active.

Warm regards

Heidi Mackenzie
Principal
Currumbin Valley State School
PERMISSION FORM – Sporting Schools Program
Tuesday/Wednesday 3:00-4:00 pm
2017

Consent
Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

☐ 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, Training and Employment does not have personal accident insurance cover for students.

☐ I give consent for my child, ____________________________ (print child’s name) in class ________ (print class details), to participate in the activity detailed above.

☐ In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.

☐ I have provided the school all relevant details relating to my child’s medical or physical needs on enrolment and where relevant have updated this information.

☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child’s behalf.

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 in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) 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 provided): __________________________ Membership No.: ________________

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

☐ I would like this additional information about my child’s medical and physical details to be recorded in OneSchool records.

Privacy Notice
The Department of Education, Training and Employment 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 were 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.

Activity Risks & Insurance
The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, 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.

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