

Flagstone State Community College

Activity consent form – Ignite Youth Careers Expo 2023

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.

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](#).

Dear Parent/Guardian

This is to advise you that our school is planning an educational activity. The details are as follows.

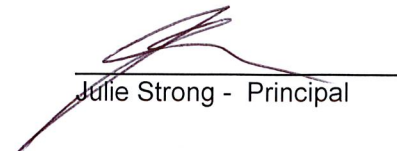
Activity title:	Logan Ignite Youth Careers Expo 2023	
Purpose of the activity:	To explore different professions and gain further information on study options, that will help define and achieve future goals	
Name of teacher coordinating:	Judith Fuata	
Subject areas involved:	All	
Itinerary:	11:50am - students assemble and board the bus from the front of school 12:15pm - arrive at Logan Entertainment Centre to visit expo 2:10pm - students assemble and board the bus outside 2:50pm - students return to school	
Date of departure:	Tuesday, 18 July 2023	
Mode of transport:	Bus	
Date of return:	Tuesday, 18 July 2023	
Point of return:	Front of School	
Cost per student: Internet banking available	Nil	Payment due: Nil
Activities involved:	Walking around the expo, gathering information, talking to stall holders and industry representatives	
Meal Arrangements	Nil - students to eat lunch prior to departing FSCC	
Student Dress	Formal School Uniform	
Students need to bring:	A bag to collect information received, pen	

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages to Ms Judith Fuata by 16/06/2023.

For further information about the activity, please contact Ms Fuata on 55479333, jcfua0@eq.edu.au


Judith Fuata

12/05/2023
Date of issue


Julie Strong - Principal

Activity risks and insurance

All students will be under the guidance and direction of the supervising staff to ensure safety, well-being and appropriate conduct of all involved. Money paid will be refunded only in genuine cases of inability to attend. The school must be advised as soon as possible of any inability to be involved.

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](#).
- I also give permission for staff to take photographs of my student while involved in the activity as listed. YES NO

Parent/Carer*	Name:	Phone number:	
	Email:	Signature:	/ /2022

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

- Payment included YES NO

Current Prescribed Medication

The medication listed below has been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion. I hereby request the teacher accompanying the excursion (who has been so authorised by the principal) to administer the medication in accordance with the instructions written on the container(s) by the pharmacist who issued the medication. I understand that all unused medication will be returned to me.

Name of medication	Quantity of medication	Times to administer medication

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.

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.

100