

BROADBEACH STATE SCHOOL

Activity Information Sheet

Year Five and Six Swimming Carnival

Where:	Merrimac High School		
Date/s:	Monday 2 nd December	Year:	Five - Six
Educational Aim:	Students born in 2009, 2008 and 2007 who swim in 50m events have the opportunity to qualify for the 2020 Oceanic District Swimming carnival.		
Activities undertaken:	<ul style="list-style-type: none"> ▶ 25m and 50m freestyle, breaststroke, backstroke and butterfly. ▶ Novelty races. 		
Risk Level:	<p>High</p> <p>All water based activities are high risk. Risk Assessment measures undertaken before the commencement of the carnival.</p> <p><u>Your child must be able to swim 25m freestyle and tread water for one minute to qualify for participation in the Year 5 and 6 carnival.</u></p>		
Supervisor Name:	Adrian Smith		
Transport:	Bus - Surfside Bus Line		
Dress code:	School Uniform		
What to bring:	Swimmers, towel, goggles (optional), Swim Cap (optional) lunch, water, sunscreen.		
Responsible behaviour plan:	Student behaviour will be managed according to the Broadbeach State School Responsible Behaviour Plan for Students		
Departure time:	9.00am		
Return time:	2.00pm		
Total cost:	Nil		

I give permission for my child _____ to participate in the 2019 Year Five and Six Swimming Carnival. I hereby state that my child can:

- Swim freestyle 25m Tread water for one minute

Parent/Guardian

Date



Bruce Langes
Principal

Adrian Smith
Teacher/Coordinator's Name

PE Teacher
Teacher/Coordinator's Position

PLEASE NOTE:

Carefully read this flyer, if you wish for your child to participate in the activity, please complete the attached consent and medical form and return to the class teacher. Please keep this information sheet for future reference.

Permission forms and payment must be received no later than **Friday 15th November**.



BROADBEACH STATE SCHOOL Activity Consent and Medical Form

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 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 I agree that:

- 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 does not have personal accident insurance cover for students/children.
- I give consent for my child, _____ in class ___ to participate in the **Swimming Carnival**.
- 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 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 all relevant details of my child's medical or physical needs on registration /enrolment and where relevant have updated this information.

Parent/Carer's name: _____ (Please print)

Parent/Carer signature: _____ Date: ___/___/___

Additional medical information:

Although the school collected medical information about your child at the time of registration/enrolment, please list details below as this information will be provided directly to the teacher/s coordinating the activity

Tick this box if you require the below listed information to be updated in our electronic system

Condition	Inflicted	Details	Condition	Inflicted	Details
Heart Problems	YES/NO		Epilepsy	YES/NO	
Respiratory Problems	YES/NO		Recent Illness	YES/NO	
- Ventolin Required	YES/NO		Injections	YES/NO	
Allergies	YES/NO		Drugs required	YES/NO	
- Epipen required	YES/NO		Drug reactions	YES/NO	
Travel Sickness	YES/NO		Phobias	YES/NO	
Blood Pressure	YES/NO		Dental	YES/NO	
Operations	YES/NO				
Other	YES/NO				

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if applicable): _____ Membership No.: _____

THIS FORM NEEDS TO BE RETURNED TO: Class Teacher BY: Friday 15th November

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.