



SHERWOOD STATE SCHOOL

Cnr Sherwood & Oxley Roads
Sherwood Qld 4075

PO Box 19, Sherwood Qld 4075

Phone: (07)3716 2111

Fax: (07)3716 2100

principal@sherwoodss.eq.edu.au

Activity Consent Form – Year 4 Art Excursion

4 February 2019

Dear Year 4 Parent/Carer

On **Friday 1 March**, the Year 4 students will be travelling by bus to GOMA at Southbank as part of our Visual Arts unit this Term. The aim of the activity is to explore and identify purpose and meaning of visual language and symbolism in artworks by artists from different cultures.

Activity details:

The students will explore various artworks throughout QAGOMA for the Asia Pacific Triennial of Contemporary Art and participate in workshops designed for children.

Please bring a small bag with the following:

- wide brimmed hat
- morning tea and lunch
- water bottle

Students are to wear full school uniform and closed in shoes.

Bus departure and arrival times:

- Depart – 9:00 am
- Arrive – 2:30 pm

Activity Costs:

The cost for this activity is \$8.00 per student to cover bus fare. You will receive an invoice by email for this activity which you may pay online www.bpoint.com.au/payments/dete. You will find your CRN and tax invoice number listed on the tax invoice.

As this activity links directly to our curriculum and student learning within the Arts, it is an expectation that students participate in the activity, please complete the consent form on the reverse page and return this to your class teacher.

We request the help of parents to accompany us on this excursion. If you would be available to attend, please contact your child's class teacher.

Please return this permission note to your classroom teacher

Yours sincerely,

Annaliese Lindsay
Year 4L Class Teacher
(on behalf of all Year 4 teachers)

Amanda Hawkswell
Principal

Privacy Notice

The Department of Education and Training (DET) 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 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

Please note that the Department of Education and Training does not have personal accident insurance cover for 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 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.

Consent - Year 4 Art Excursion Friday 1 March 2019

By signing this form (below) 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 of Education and Training does not have personal accident insurance cover for students.
- **I give consent for my child, _____ in class _____ to travel to and from the venue on the bus and participate in the Year 4 Art Excursion activity on Friday 1 March.**
- I will pay to the school the costs detailed above 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 and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training 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)

Parent/Carer's Signature: _____

Date: _____/_____/_____

Additional medical information**

The school collected medical information about your child at 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 provide the following information:**

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

Medicare No.: _____

Private Health Insurance Company (if applicable): _____ 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 information to be recorded in OneSchool records.

Sherwood State School – PAY IT FORWARD

I would like to make a voluntary contribution to this excursion/incursion/camp. This will be added to the Sherwood State School Welfare Fund and support our Sherwood families in need. These specific payments will need to be made in cash or EFT at the office