



## Sherwood State School

Courageous, resilient, life-long learners

Dear Parent/Carer

Year 2 will be participating in a Street Science incursion in Term 3, as part of our science studies. This will take place at school on **Monday 24<sup>th</sup> August**.

Students investigate the properties of different materials, combining safe chemicals to make and describe their very own slime and instant snow.

### Activity details:

The incursion is during school time, in the New Hall.

### Activity costs:

The cost of this activity is \$15. Please complete the consent form that allows your child to participate and return it to the classroom teacher by **6 August 2020**. Payment and permission form is due by **6 August 2020**.

For further information please contact myself, Toni Brown [tbrow495@eq.edu.au](mailto:tbrow495@eq.edu.au)

Yours sincerely

**Amanda Hawswell**  
Principal  
Sherwood State School

Toni Brown  
Science Teacher  
Sherwood State School

**Principal** Amanda Hawswell  
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📍 Sherwood State Primary School



**Queensland**  
Government

**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 (Cwlth).

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 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 \_\_\_\_\_ to participate in the Street Science activity on 24/08/2020.
- 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**

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.

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**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.

☐ 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