

Activity Consent Form – Canberra Trip 21.6.2020 – 26.06.2020

JONES HILL STATE SCHOOL

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Principal: James Watt

Deputy Principal: Stacey Seed

Business Services Manager: Tammy Pengelly

ABN. 21 534 304 264



24 February 2020

Canberra Trip 2020

Dear Parent/Carer,

From Sunday 21 June to Friday 26 June, we will be taking part in a National Capital Explorer Tour to Canberra, Sydney and the Snow.

Activity details:

An itinerary has been finalised and on Thursday 20 February we will discuss the following in detail at a meeting to be held at the school with Pam Walsh from EducaTours.

The meeting will cover the following;

- activity details e.g. date, times, locations
- what the students will be doing
- staff attending
- transportation e.g. how the student/s will be getting to and from activities
- travel to (and from) the airport/airline details
- dress code e.g. suitable clothing to be worn, appropriate to the activity
- precautions to be taken e.g. sunscreen, water bottles, medications
- any questions for Pam Walsh regarding the tour

Please complete this consent form, medical form and food order forms and return to the office before Friday 6 March.

Yours sincerely

A handwritten signature in black ink that reads 'James Watt'.

James Watt
Principal
Jones Hill State School



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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

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 participate in the Canberra Trip activity 21.6.2020 – 26.6.2020.
- 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 with 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.

I would like this additional information about my child's medical information to be recorded in OneSchool records.



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MEDICAL FORM FOR SCHOOL EXCURSIONS AND SPORTING EVENTS

clever • skilled • creative

STRICTLY CONFIDENTIAL**This information will enable excursion organisers to provide health care for your child.**

Staff will provide immediate first aid and contact an ambulance as required following the *HLS-PR-002 First Aid* policy.

STUDENT DETAILS

Student's name: _____ Date of birth: _____

Parent/s full name: _____

Address: _____ Postcode: _____

Telephone number: Home: _____
 Work: _____
 Mobile: _____
 Email: _____

Name of family doctor: _____ Telephone number: _____

Medicare number: _____

Health conditions and other injuries

Is your child subject to seizures/ epilepsy, fainting, diabetes, asthma, severe allergies/anaphylaxis heart problems including heart murmurs or any other condition that may affect his or her safety or ability to fully participate during the excursion/sports event?

Do you have an injury or condition which is likely to be aggravated by sporting competition? Yes No

List/describe health conditions/injuries if applicable including any recent illness

If you answered "yes", you may be required to provide an Individual and Emergency Health Plans to the school if the school does not have a copy (discuss with school administration as additional information may be required to support the management of the health issue away from school)

Is your child allergic to:
 (Please tick)

Any food

Any insect stings

Any medications

Other _____

Please give details:



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Date of last tetanus vaccination: _____

Medication

Parent/s are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications and equipment prior to the excursion/sports event. (All medication will be administered according to the *HLS-PR-009 Administration of routine and emergency medication policy*)

Is your child presently taking tablets and/or other forms of prescribed medication? Yes No

If "yes", complete the *Authority to Administer Medication* form attached.

Does your child wear:

- Glasses Contact lenses soft hard
 prosthetics
Protective equipment - mouthguard orthotics

Is your child currently wearing braces: yes no

Does your child wet the bed: yes no Further information _____

Other please specify: _____

Other information

Please provide any other information about your child which will enable the organisers of the excursion/sports event to provide better care for your child. e.g. special dietary requirements, blood transfusions (i.e. medical/religious reasons)

Excursion/Sports Event Consent


I _____, give consent for teachers/staff involved in the school/sport activity to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact me in the event of any emergency.

Signature of Parent: _____

Date: _____

Privacy statement:

The Department of Education, Training and Employment is collecting your and your child's personal information in order to assess the type of health care your child requires. The information will only be accessed by school staff. Your information will not be given to any other person or agency unless we have your consent, or we are required or authorised by law to do so.

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INDIVIDUAL SPECIAL DIETS FORM

This form is to be completed for Passengers with Special Dietary Requirements only.

Group: Jones Hill State School

Dates of Travel: 21/06/20 to 26/06/20

Please Circle

Passenger's Name: _____ Student / Supervisor

Parent/Guardian Contact Name: _____

Phone Number: _____
(Please provide the best day time contact and phone number in case there are any queries regarding dietary requirements)

Dietary Requirements: **Severe and life threatening allergies**

Please Circle

Do you have an anaphylactic reaction to any food?

YES / NO

If yes, please list each food type _____

Do you carry an epipen?

Please Circle

YES / NO

Special Diets: **Please circle all that apply to you**

Allergies:

Milk/Dairy

Dairy is ok in cooked foods

Lactose

Lactose is ok in cooked foods

Nuts (please specify which)

Peanuts Coconut
Tree Nuts Sesame

Food Colouring (please provide numbers below)

Gluten/Wheat

Coeliac Disease

Egg

Egg is ok in cooked foods

Seafood

Fish/Shellfish (specify)

Preservatives (please provide numbers below)

Other (please specify below)

Regarding your allergy:

Can you have foods with the warning "may contain traces of" YES / NO

or
"May be manufactured on equipment that also processes" YES / NO

Other:

Vegetarian

Will eat fish & seafood
Will eat chicken
Will eat milk & dairy products
Will eat eggs

Vegan

Diabetic
Low Salicylates
No Red Meat
No Pork

Other (please specify) _____

Name: _____ Signature: _____ Date: / / 2020



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Perisher - Lunch Order Form

GROUP: JONES HILL STATE SCHOOL

DATE: Tuesday - 23/06/2020

Name:	
(choose only <u>one</u> of the following and tick the box underneath your choice)	
Pie or Sausage Roll (please circle), Chips & Popper	Tenders, Chips & Popper
Hot Dog, Fruit & Popper	Fish, Chips, Salad & Popper

McDonald's Suttons Forest Order Form - Dinner

Group: JONES HILL STATE SCHOOL

Date: Sunday 21/06/2020

Name:										
Large McValue Meal (includes large fries and drink) (choose only <u>one</u> of the following and tick the box underneath your choice)									Drink (choose only <u>one</u> drink)	
Big Mac	¼ Pound	<i>Filet o Fish</i>	McChicken	Cheese Burger	6Nuggets	Nugget sauce flavour	Garden Salad	OJ	Water	Ice Cream Cone



****Only fill this section in if your child will require medication while away. Please note that we cannot give paracetamol to students with out the following guidelines being met and form filled in. If you think your child may require paracetamol while away, please follow the guidelines below and fill in the required areas on the form.**

Administration of medication at school record sheet (routine/short-term medication)



Privacy Statement

The Department of Education and Training (DET) is collecting this personal information for the purpose of enabling school staff to administer the necessary medication to your child while at school or during school-related activities. This information will only be accessed by authorised departmental employees, including school staff and State Schools Nursing Services. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless you have given DET permission or DET is required or authorised by law to disclose the information.

This form is a record of a parent/carer's request for the school to administer a single routine or short-term medication to their child. It is also designed to record the administration of this medication to a student by school personnel. For students who require more than one medication, a separate form will need to be completed for each additional medication. This form has space to record two doses of medication per day. More rows may be added if more than two doses are required per day. Where dosage requirements vary from day to day (e.g. for insulin, Rivotril), a letter is required from the prescribing health practitioner to advise the school that the parent/carer will be responsible for notifying the school of any adjusted doses.

N.B. If the student's dosage of medication changes (e.g. 20mg to 30mg), complete a new *Administration of medication at school record sheet (routine/short term medication)*.

Instructions

Prior to administering medication, confirm that:

- the parent/carer has completed Section 1 of this form and provided in-date medication in the original pharmacy labelled container
- the medication container has a valid pharmacy label which includes the name of the prescribing health practitioner to confirm that it is prescription medication
- the student has received a dose at home without ill effect prior to the school administering the medication
- the pharmacy label instructions match Section 1.

During administration

Follow sequence in *Appendix 2: Administering routine/short term medication checklist (INCLASS protocols)* in the *Guidelines for the administration of medications in schools*.

After administration:

Initial the appropriate box in *Section 2 – Record of administration of a single medication at school* to confirm that the medication was administered, or enter the appropriate code from the Key located at the bottom of Section 2.



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Department of Education and Training

<i>Section 1 – Details of medication to be administered by school staff (Parent/Carer to complete)</i>																												<i>Insert student photo below.</i>				
Student name														Date of birth																		
Parent/carer name														Contact phone number																		
I hereby request that school staff administer the following medication to my child at school or during school related activities, as specified in this section.																																
Name of medication							Dosage (e.g. 1 tablet)					Route (e.g. oral)							Time/s to be given during school													
Additional information																																
Parent/carer signature														Date																		
<i>Section 2 – Record of administration of a single medication at school (School use only)</i>																																
KEY: A – Student absent; S – Self administration; P – Parent/carer administered medication; X – School closed; O – Off campus; N/S – No supply of medication → Contact parent/carer; R – Student Refused → Contact parent/carer																																
MONTH	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Parent/carer has collected unused medication that is no longer required to be administered at school.