



Geebung State School



Each and every member of our school community,
believes that each and every child can and will achieve.

250 Newman Road, Geebung QLD 4034
PO Box 134, Geebung QLD 4034
P: 3623 8777 F: 3623 8700
E: info@geebungss.eq.edu.au

Activity consent form – Author Visit

8 March 2021

Dear Parent/Carer

On Tuesday 16th March 2021, we have a special visit from Author and Illustrator Dr Cameron Stelzer. Dr Cameron is visiting Geebung State School to run workshops with our Year 3-5 students. Cameron will be engaging students in workshops that will inspire students with their writing, and help prepare them for their own writing tasks. Students and teachers are looking forward to a great day! The sessions will take place in our library and Dr. Cameron will be available to speak with students during the lunch break.

In conjunction with the Author Visit, Geebung State School families have a special opportunity to purchase **signed** and personalised copies of Cameron's books at special prices. Individual books are \$15 each and there are also exclusive book sets available. Students will receive an order form on the day of the workshops. Forms and payment can be returned the following day, Wednesday 17 March 2021, to the **Library**.

Activity costs:

The school will cover the cost of the visit for all students attending.

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages (including this page) to:

Your child's class teacher

For further information about the activity, please contact Helen Waters on 3623 8738.

Yours sincerely

Tracey Douglas
Principal
Geebung State School

Helen Waters
Literacy Coach/ Teacher Librarian
Geebung State School



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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 **Author visit** activity on 16th March 2021.
- 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.
- I give consent for my child's name to be given to businesses visited during this activity in compliance with Queensland Chief health Officer's Restrictions on Businesses, Activities and Undertakings Direction (no.4) (or its successor).

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.

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.