



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 – Homunculus Theatre Incursion

22 March 2021

Dear Parent/Carer

On Thursday 6th May 2021, we will be having a visiting performance from Homunculus Theatre Company. The production 'Thoughts Have Feelings Too' has been created for primary school students in Prep to Year 6. Developed in close consultation with teachers and child health professionals, the show encourages students to think positively about the feelings they experience in their day-to-day lives. Supporting our whole-school implementation of 'The Zones of Regulation,' the show focuses on recognising emotions and using simple steps to deal with them in a primary school context. The performances will take place in our school hall and there will be an opportunity to ask the actors questions at the end of each session. Students and teachers are looking forward to a great day!

Activity costs:

The cost for each student to attend the performance is \$5.00. The due date for permission and payment is **Friday 30th April 2021**. Invoices will be emailed to parents. Payment can be made by Bpoint, EFTPOS or cash at the Office. Please note that we are no longer able to do credit card payments over the phone.

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

For further information about the activity, please contact Mrs Gibson.

Yours sincerely

Tracey Douglas
Principal
Geebung State School

Isabel Gibson
Arts Teacher
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 (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.

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 **Homunculus Theatre Incursion** on 6th May 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.