



Gumdale State School

An Independent Public School
Always Our Best

www.gumdaless.eq.edu.au
admin@gumdaless.eq.edu.au

Principal: Phil Savill
Deputy Principal: Amanda Zoppi
Deputy Principal: James Doherty
Deputy Principal: Sharlene Johnson

Phone: (07) 3902 8333
Absence Line: (07) 3902 8399
677 New Cleveland Road
PO Box 6 Gumdale Q 4154

Activity consent form – Early Moves Semester 2, 2022

Monday 6 June 2022

Dear Parent/Carer,

Activity Details

Activity: *Early Moves* is an optional before school program focusing on various physical activities, all supervised by GSS Staff. Students in Prep - Year 6 are invited to register for the Semester 2 program. Students who have participated in Semester 1 will be required to register for the new semester and complete the activity consent form below.

Activity Date: Weeks 1-10 in Term 3 & 4

Session times: **Prep & Years 1-2** 8:00am – 8:45am
Years 3 – 6 8:00am – 8:30am

Venue: Paul Green Oval. Hollis Hall will be utilised during any inclement weather.

Supervision: Early Moves sessions will be supervised by GSS staff.

Access: Once registration and payment has been received, registered students will be given an identifying bag tag with a QR code. This bag tag will be scanned each day when they check in at Paul Green Oval. Students will not be able to access the program until payment has been received.

Risk: This activity has a low risk level before any control measures are put in place. Students will have the following activities available to them during the program: skipping, basketball, touch football, netball, tennis along with other non-structured games. Strategies to assist in the safe implementation of this program will be:

- Adult supervisors will always be visible and easily identifiable for students.
- A registered teacher will hold overall responsibility for the activity.
- Adequate space will be provided between activities.
- Protective padding will be used on football and netball posts.
- All equipment used will be checked and maintained in good working order.

Medical Alert: Each student is required to bring any necessary medication including Ventolin®, EpiPen®, and students' personal prescribed medications in accordance with individual health plans.

Student Code of Conduct: Students are subject to Gumdale State School's [Student Code of Conduct](#).



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Cost and Payment

Activity cost: \$100.00 will be invoiced when your permission form is received.

Payment: Payments are due by **Friday 15 July** and can be made by:

1. B POINT as per bottom of the invoice. (Ensure you enter the invoice number).
2. QParents
3. Centrepay
4. EFTPOS and Credit card facilities are available at the school. No cash will be accepted.
5. Direct Deposit: BSB 064-133 | Acc Number – 00090351 | Reference – Class and surname

Please refer to the Gumdale State School [refund policy](#).

Permission

If you wish for your child/student to participate in the activity, please print and complete this consent form and return all pages (including this page) by **Friday 24 June 2022** via email to Mrs Michelle Haigh on mhaig17@eq.edu.au.

All excursions and events require payment and a permission form to be returned by the due date.

For further information about the activity, please contact HPE@gumdaless.eq.edu.au

Yours sincerely,



Phil Savill
Principal
Gumdale State School

HPE Team
Gumdale State School

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Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named child/student to participate in the named off-site activity;
- help coordinate the off-site activity;
- respond to any injury or medical condition that may arise during or as a result of the off-site activity; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant [Queensland Chief Health](#)

[Officer's Directions](#).

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 the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named child/student, _____ <insert child's name> to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity.
- I agree to and understand the refund policy as it applies to this excursion (see Activity costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their 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 with all relevant details of the child/student's medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Student	Name:		Class:
Parent/Carer	Name:		
	Phone number:		
	Email address:		
	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/student'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.

