

Dear Parent/Carer

Curriculum Activity Consent Form – Food Specialisations Year 7-9

As part of your student's enrolment at Dysart State High School, students will be undertaking a range of Food Specialisations activities as part of our Technology curriculum.

The aim of the Technology curriculum is for students to develop the knowledge, understanding and skills to ensure they can investigate, design, plan, manage, create, produce and evaluate in a Food Specialisations environment.

Students will participate in these activities as per the school timetable each year with a qualified teacher and/or qualified industry representatives. Costs associated with these activities include the weekly ingredients identified in the term cookery planner emailed to students each week.

Please see **Appendix A** for the list of activities, hazards and control measures.

If you wish for your child to participate in the activity, please complete this consent form (**Appendix B**) and return all pages to the Dysart SHS office.

For further information about the activity, please contact Dysart SHS on (07) 4941 1888.

Kind Regards



Matt Silcock
Principal



David Lassig
Head of Department Technology/VET

Activity		Level of risk	Resources	Potential Hazards	Control Measures
Cooking D Block Kitchen	Heating Frying Baking Chopping Cleaning	Low- Medium	Oil Fry pan Microwave Oven Knives Dishwashing liquid	Environmental conditions: - Weather - Surfaces - Surrounds - Noise Students - Behaviours - Medical conditions - Special needs - Allergies	Correct ventilation and air con in kitchen. Keep workspace clean and clear. Deliberate location of equipment. Student's competence in Standard Operating Procedures for all equipment will be assessed and signed off before use. (OnGuard Safety Training as theoretical support.) Ensure appropriate recipes are selected as per student medical needs. Clear expectations and routines set and followed about safety in a sewing room/kitchen. Use of Personal Protective Equipment. Equipment regularly checked and serviced. Student are to follow Responsible Behaviour Plan

Privacy Notice

The Department of Education and Training 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

The activity outlined above carries an inherent risk of physical injury occurring. 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, 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 I agree:

- 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, _____ (print child's name) in Food Specialisations Yr 7 - 9 (cooking), to participate in the activity detailed above.
- I agree to pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____

Please give full details of any problems, either medical or physical, which may affect your child's full participation in the activity:
