

Dear Parent/Carer

## Activity consent form – Science Practical Activities

Throughout the school year, we conduct a variety of simple experiments as part of our Junior and Senior Science Programs.

The aims of these activities are to develop and enhance students' skills and knowledge in science.

### Activity details:

Activities may include the use of familiar laboratory equipment such as glass test tubes, beakers and other specialist glassware, electrical apparatus including simple circuit components, microscopes and hot plates and prepared chemicals. From time to time higher risk equipment such as Bunsen burners and dissection equipment may be used.

During practical activities, safety is a priority and personal protective equipment (PPE) is provided. Students are reminded to wear enclosed footwear at all times as per the uniform policy.

If you wish for your child/student to participate fully in our science program, please complete this consent form and return all pages (including this page) to the Dysart State High School Office.

For further information about this activity, please contact the Dysart State High School on 07 4941 1888.

Kind Regards



Matt Silcock  
Principal



Veronika Simon  
Head of Department - Science

### **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.

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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 year \_\_\_\_\_ to participate in the Dysart State High School Science Program.
- 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.

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.

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### **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.