**Activity consent form - Kinchant Outdoor Education Centre**

**HIGH RISK ROPE ACTIVITIES**

**Abseiling / Climbing / Flying Fox / High Ropes / G-Swing / Team Tower/ High Challenge**

**HIGH RISK WATER ACTIVITIES**

**Biscuiting / Wind Surfing / Canoeing / Kayaking**

Dear Parent/Carer

On <insert date>, we will be participating in some of above activities as part of our school camp.

The aims of the activity are <insert educational aims>.

Activity details:

 One or all of the above activities will be undertaken on camp in order to promote personal development through the accepting of a challenge. It will also assist interpersonal development in that your son/daughter/ward, under direct supervision from Centre Teachers, will be assisting with the maintenance of a high standard of safety for fellow students as they participate.

**HIGH RISK ROPE ACTIVITIES**

Harness, helmets and safety ropes are utilized (in addition to the abseiling rope which is controlled by your son/daughter/ward). Even if a student should fall, the separate safety rope, tied to different attachment points on the harness, and controlled by another person (belayer), can stop the fall through the use of a braking device, and then lower the person under control to the ground.

Teachers from this Centre have been conducting abseiling/climbing/flying fox/high ropes activities since 1989 with NO incidents. Log books are maintained for relevant equipment items such as ropes, and for staff experience. We utilize the same equipment your child will be using and we are mindful of our duty of care.

**HIGH RISK WATER ACTIVITIES**

Water Activities are undertaken using the strictest safety guidelines following Education Queensland guidelines, Best Industry Practice and full KOEC Risk Assessment procedures. Kinchant OEC staff are qualified holders of current First Aid Certification and hold the appropriate Marine Qualifications. Personal Flotation Devices (PFDs) are a requirement of any student participating in these activities.

It is our Department’s responsibility under duty of care to inform you that High Risk Activities are to take place during the camp. Because these activities are potentially life-threatening, your approval is sought to enable your son/daughter/ward to participate.

A specific safety brief is conducted prior to the activity. This deals with safety in general, equipment, behaviour, location, terminology and technique.

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:

<Insert name of school’s contact and contact details>

<Detail request for parent supervisors here if required>

For further information about the activity, please contact <name of contact at school> on <insert telephone number and email>.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<School Principal’s name>** < **Teacher’s/Coordinator’s name>**

Principal <Teacher/Coordinator’s position>

<Name of school> <Name of school>

***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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ <insert child’s name> in \_\_\_\_\_\_\_\_ <insert group/class details>, to participate in the outlined High Risk activities on <insert date of activity>.
* 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.

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.