

9<sup>th</sup> November 2023

Our Ref: Corres23/Student/oc264\_spenna\_ts

Dear Parent/Guardian

The 2023 Urangan State High School Junior Swimming Carnival (Years 7, 8 & 9) will be held on Friday 1<sup>st</sup> December. NO JUNIOR classes will be running on this day as the swimming carnival is a school event.

As swimming in pools is deemed a HIGH risk event, parental permission to participate is also required. If necessary, staff will access and utilise any relevant medical information from our records on OneSchool. Please contact the school if this information needs to be updated.

The carnival is separated into Senior (Years 10, 11 & 12) and Junior (Years 7, 8 & 9) to ensure that students have adequate shade, more opportunity to participate and enhanced safety (before, during and after the event). Students are transported by bus to and from the pool to ensure the safety of all students. Students may wear their HOUSE COLOURS on the day.

**Excursion:** Urangan SHS Junior Swimming Carnival  
**Venue:** Hervey Bay Aquatic Centre  
**Date:** Friday 1<sup>st</sup> December  
**Departure/Start:** Depart USHS 10:00am (Students will be required at FORM at 9:50am to have rolls marked)  
**Arrival/Finish:** 2:45pm (Students will be returned to USHS by bus)  
**Cost:** Nil  
**Permission Due:** Wednesday 29<sup>th</sup> November  
**Requirements:** Appropriate swimwear, sunscreen, water bottle, food. (Canteen facilities will be available at the pool)  
**Contact:** Nathan Spencer on 4197 0111  
**Transport:** ALL students will be transported by BUS from Urangan SHS to the Aquatic Centre and back.

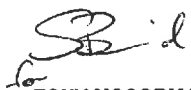
If you wish for your child to participate in the activity, please complete the permission and consent form attached and return it to **YOUR STUDENT'S FORM TEACHER**.

For further information about the activity, please contact Nathan Spencer (Head of Department – Health, Physical Education & Sport) on [nspen31@eq.edu.au](mailto:nspen31@eq.edu.au) or 4197 0111.

*It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Urangan State High School will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the organising staff member. If you have any questions or concerns, please do not hesitate to contact me at the school on (07) 4197 0111.*

Yours faithfully

  
NATHAN SPENCER  
Head of Department  
Health, Physical Education & Sport

  
TONY MCCORMACK  
Principal

.....  
**Permission Slip: USHS Junior Swimming Carnival Friday 1<sup>st</sup> December**

I give permission for my child, \_\_\_\_\_, from **FORM CLASS** \_\_\_\_\_ to attend.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
.....PTO/2

**Web** uranganshs.eq.edu.au  
**Email** principal@uranganshs.eq.edu.au  
**Phone** 07 4197 0111

**Mail** PO Box 5100, Torquay QLD 4655  
**Deliveries** 120 Robert St, Urangan QLD 4655  
**CRICOS** 00608A



**QUEENSLAND  
GOVERNMENT**



Consent to participate in HIGH Risk level activity

**Activity: USHS Junior Swimming Carnival**

Inherent Risk Level : High.

**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> from \_\_\_\_\_ **(FORM CLASS)**, to participate in the Junior Swimming Carnival activity on Friday 1st December
- 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.

Parent/Carer's name: \_\_\_\_\_ (Please print)

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# URANGAN STATE HIGH SCHOOL – CONSENT/MEDICAL FORM

**EXCURSION: USHS Junior Swimming Carnival, 1<sup>st</sup> December 2023**

**STUDENT NAME:** .....

**FORM CLASS:** .....

I, ..... (Parent/Guardian) of the above-mentioned student give my consent for them to participate in the excursion explained in the letter attached.

I agree that the accompanying teachers will take whatever disciplinary action under the Education Act they may deem necessary to ensure the safety and well-being of all excursion participants.

I authorise the teachers to obtain whatever medical assistance they deem necessary should the need arise. I also authorise Qualified Practitioners to administer any medical assistance including anaesthetic and/or blood transfusion, should the need arise. I agree to pay any expenses incurred on behalf of the aforementioned student.

I acknowledge that the Department of Education does not have Personal Accident Insurance cover for students.

## M E D I C A L   I N F O R M A T I O N

	CONDITIONS	YES/NO	DETAILS
a.	HEART PROBLEMS	YES / NO	.....
b.	RESPIRATORY PROBLEMS	YES / NO	.....
c.	ALLERGIES (e.g. bees, penicillin)	YES / NO	.....
d.	TRAVEL SICKNESS	YES / NO	.....
e.	BLOOD PRESSURE	YES / NO	.....
f.	OPERATIONS	YES / NO	.....
g.	EPILEPSY	YES / NO	.....
h.	RECENT ILLNESS	YES / NO	.....
i.	PHOBIAS	YES / NO	.....
j.	OTHER .....		.....

Any additional information teachers should be aware of (e.g. Medical, Custodial) .....

My child's immunisations are current:

Date of last anti-tetanus injection: .....

My child suffers from asthma: Yes / No Medication: .....

Is your child currently taking medication? If so, give details. ....

Does your child have any special dietary requirements? Yes / No (Please attach details). ....

Is your child suffering from an injury or condition which should be recognised? If so, give details .....

Medicare card holder's name? (First name on card). .... Medicare number: ..... Position number: .....

Health fund provider:..... Card/membership number: .....

Does your child have personal accident insurance cover against accident injury for competitions and associated activities (training, travel, etc)? .....

Parent/Guardian Name:.....Signature :.....Date:.....

Address: .....

Home Phone Number: ..... Mobile Phone Number: .....

Emergency Phone Number: ..... Name: ..... Relationship: .....

**Activity Risks & Insurance**

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education 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 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.

**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 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 DoE permission for the information to be disclosed.

