28th January 2025

Dear Parent/Guardian

The 2025 Urangan State High School Swimming Carnivals will be held on Friday 14th February (SENIOR - Year 10, 11 & 12) and Monday 17th February (JUNIOR - Year 7, 8 & 9).

As swimming in pools is deemed a HIGH risk event, parental permission to participate is 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 updating. 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 and may wear their HOUSE COLOURS on the day.

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**Swimming Carnival** 

Venue:

**Hervey Bay Aquatic Centre** 

Date:

SENIOR - Friday 14th February JUNIOR - Monday 17th February

Departure/Start:

Depart Urangan State High School at 10:00am (Students will be required at FORM at 9:50am to have

rolls marked)

Arrival/Finish:

2:45pm (Students will be returned to Urangan State High School by bus)

Cost:

NIL

Permission Due:

Wednesday 12th February

Requirements:

Appropriate Swimwear, sunscreen, water bottle, food. (Canteen facilities will be available at the

pool)

Contact:

Nathan Spencer (07) 4197 0111

Transport:

ALL students will be transported by BUS from Urangan State High School to the Aquatic Centre and

If you wish for your child to participate in the activity, please complete the permission and consent form attached and return it to YOUR STUDENTS FORM TEACHER. For further information about the activity, please contact Nathan Spencer (Head of Department -Health, Physical Education) on 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 and Physical Education

TONY MCCORMACK

Principal

Permission Slip: Urangan State High School Swimming Carnival - SENIOR (14th Feb) / JUNIOR (17th Feb) (please circle)

I give permission for my child, \_\_\_

, from FORM CLASS

Parent / Guardian Signature: \_\_\_

Date:

Teacher: SPENNA

....PTO/2

Web Phone 07 4197 0111

uranganshs.eq.edu.au Email principal@uranganshs.eq.edu.au Mail **CRICOS** 

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





Consent to participate in HIGH Risk level activity

Activity: Urangan State High School 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 (CWIth).

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

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- 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 \_\_\_\_\_\_ <form class>, to participate in the Urangan State High School Swimming Carnival activity on Friday 14th February or Monday 17th February 2025
- 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.

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Parent/Carer's name:	(Please print)
Parent/Carer signature:	Date:/