

## Enduring Consent Form Visiting Ripley Valley State Secondary College

Dear Parent/Carer,

As we work to maintain a close community relationship with Ripley Valley State Secondary College (RVSSC), there may be occasions throughout the year where our students will benefit from visiting their school site for a variety of reasons. These reasons include, but are not limited to;

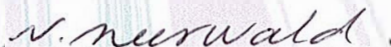
- for demonstrations by specialist teachers at RVSSC
- to use the facilities, such as the long jump pit, oval, kitchens, etc
- as part of a 'cross country' route

Although traveling to RVSSC does not require our students to use any external roads, they will still be leaving the boundaries of our school site. We would therefore like to get enduring consent from you to allow your child to participate in supervised visits to RVSSC throughout their time at Ripley Valley State School. Please be assured that during these visits, your child will at all times remain under the care and supervision of our staff at Ripley Valley State School.

We ask that you complete and return the attached consent form that will give us your permission for your child to visit RVSSC throughout their school lives at Ripley Valley State School. If your child will be participating in an activity at RVSSC, then you will be notified and we will need to get your consent for that activity separately, closer to the activity date.

For further information about the activity, please contact the school office on 3294 2888.

Yours sincerely



**Naomi Meerwald**  
Principal  
Ripley Valley State School

## Enduring Activity consent form – To visit Ripley Valley State Secondary College

### 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, \_\_\_\_\_ to visit Ripley Valley Secondary College while supervised by staff from Ripley Valley State School.
- 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.