30 January 2017

Dear Parents/Carers

Year four students are learning about the following topics in History this semester:

- Investigating European exploration and the movement of peoples
- First contacts - Investigating the impact of colonisation

As part of their learning, students will participate in a whole day activity with 'Living History Australia' where they will interact with historical artefacts and participate in an array of activities designed to engage students and assist in their understanding of our early colonial history.

Living history Australia is an external provider who will conduct the program.

The program will be run at school on Friday, February 24 from 9:15am-2:30pm.

The cost is $17.00. The invoice for payment is attached and is due by Friday, February 10, 2017.

No late payments will be accepted. Please complete and sign the permission slip below and return it to the class teacher by Friday, February 10, 2017.

Yours sincerely

Graeme Lacey
Principal

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Living History Australia

By signing this form (below) 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 of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, ____________________________ in Class ________, to participate in the Living History Australia program on the date listed above.
- I will pay to the school the costs detailed above 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 of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child’s medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer Name: ____________________________ Parent/Carer Signature: ____________________________
Date: ________________

Please turn over ➤
The Department of Education and Training (DET) 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 DET permission for the information to be disclosed.

Activity Risks & Insurance

Please note that the Department of Education and Training does not have personal accident insurance cover for 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 be 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.

X

Additional medical information
The school collected medical information about your child at 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.

You may also wish to provide the following information*:
Name of child’s medical practitioner: ____________________________ Telephone No.: ____________________________

Medicare No.: ____________________________
Private Health Insurance Company (if applicable): ____________________________ Membership No.: ____________________________

*If an enrolment form for your child has been completed or updated since October 2012 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.