**DATE:** Friday afternoons 22/8, 29/8, 5/9, 12/9 2014  
**WHERE:** Various Locations nr Nambour  
**ROLL CLASS:** Yrs 5-7

Dear Parent/Carer

On Friday afternoons 22/8 – 12/9, we will be participating in Interschool Sport as part of our HPE program. The aims of the activity are to improve game skills and play sport against other schools in Nambour District.

**Activity details:**
- FULL school uniform please
- On School Campus: ☑ No
- Travel by: ☑ Bus
- Departs school: ___1:10pm Returns to school: ___2:50pm

Students will be participating in their selected sport each Friday afternoon. The sessions are coordinated and run by HPE Teachers and Development coaches. The first week is a Skill Development session, and the following 3 weeks are games. AFL and Touch Football are located at Jubilee Dr, Palmwoods, Soccer is at Woombye Soccer Club and Volleyball is at Burnside High School.

These activities are Low-Medium Risk and there is First Aid available on site.

Students will be travelling by seat belted bus to and from the activities.

Students need to wear appropriate sports shoes, a hat, sunscreen and bring water.

Please fill in and return attached Medical Form, and ensure necessary medication is at office so it can be brought along.

**Activity Costs:**
- Covered by School Contributions ☑ Yes

If you wish for your child to participate in the activity, please complete this consent form and return all pages (including this page) to your class teacher.

**Teacher requires parent help:** ☑ Yes ☑ No [Teacher to tick]

**CAN YOU HELP?** ☑ Yes ☑ No [Parent to tick]

If you are able to help you may be required to supervise a small group of children. I would greatly appreciate parental assistance to accompany teams. Please contact me clairehope@eq.edu.au if you can help or require further information.

Yours sincerely

K. Edgar  
Principal  
North Arm State School

Claire Hope  
Year Teacher  
North Arm State School

Queensland Government

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NASS STUDENT MEDICAL HISTORY AND ACTIVITY CONSENT FORM

FORM DUE BACK: 13/08/14

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

☐ 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, Training and Employment does not have personal accident insurance cover for students.

☐ I give consent for my child, ______________________________________ (print child’s name) in class _______ (print class details), to participate in the activity detailed above.

☐ I agree to pay to the school the costs detailed above for my child’s participation in the activity, if there is a cost.

☐ In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.

☐ I have provided the school all relevant details relating to my child’s medical or physical needs on enrolment and where relevant have updated this information.

☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child’s behalf.

Parent/Carer Name: ___________________________________________________________ (Please Print)

Parent/Carer’s Signature: ______________________________________________________ Date: ______/_____/____

Additional medical information
Please complete this form and return it to the school office by the due date.

You may also wish to provide the following information*:
Name of child’s medical practitioner: ___________________________ Telephone No.: _______________________
Medicare No.: ___________________________ Private Health Insurance Company (if provided): ___________________________ 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 and physical details to be recorded in OneSchool records.

Privacy Notice
The Department of Education, Training and Employment 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 as 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
The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment 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 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.
SURNAME: ........................................ GIVN NAMES: ..................................................

DATE OF BIRTH: .................................. NAME OF PARENT/GUARDIAN: ........................................

ADDRESS: .................................................................................................................................

TELEPHONE NOS: Home: ..................................... Work: ................................................... Mobile: ..........................................................

1. MEDICAL HISTORY
Circle either Yes Or No and Give Full Details:

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<thead>
<tr>
<th></th>
<th>Tetanus booster in last 12 months</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>b.</td>
<td>Asthma</td>
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<td>c.</td>
<td>Other respiratory problems</td>
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<td>d.</td>
<td>Drug allergies</td>
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<tr>
<td>e.</td>
<td>Other allergies</td>
<td></td>
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<td>f.</td>
<td>Sugar diabetes</td>
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<td>g.</td>
<td>Recent operations, illness or injury</td>
<td>Yes</td>
<td>No</td>
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<td>h.</td>
<td>Epilepsy</td>
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<tr>
<td>i.</td>
<td>Heart problems</td>
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<td>j.</td>
<td>Blood pressure</td>
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<td>k.</td>
<td>Bed wetting</td>
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<td>l.</td>
<td>Other – please list</td>
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If medication is required, indicate dose and application

<table>
<thead>
<tr>
<th>Medical Problem</th>
<th>Medication</th>
<th>Dosage</th>
<th>Time to be taken</th>
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2. MEDICAL INSURANCE DETAILS OF MEDICARE CARDHOLDER'S:
Name: .................................................................................................................. Medicare Number: ........................................

3. ACTIVITIES
Please give details of any medical/physical reason which would prevent your child from participation in any activities.

........................................................................................................................................................................

4. DIETARY
Please advise if your child has any food allergies and what they are AND/OR alternatively require a different diet i.e. vegetarian/gluten free etc.

........................................................................................................................................................................

5. SWIMMING
Please indicate: My child's swimming ability is poor average confident

6. CONSENT
I am aware of the program and the type of activities it involves. I give my consent for my son/daughter to participate in the program and agree to delegate my authority to the teacher involved. I further authorise the Principal, or his representative, to obtain such medical attention as may be deemed necessary and I understand I am responsible for the costs. I authorise qualified practitioners to administer medical attention as may be deemed necessary.

Date: .................................. Parent/Guardian's signature: ............................................

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