



## Activity consent form – Year 2 Sleepover

### Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named child/student to participate in the excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.

Dear Parents and Carers,

On 20<sup>th</sup> of October 2023, we will be having our Year 2 Sleepover as part of our school camps program. This is the first late night activity in the school's camp program, where students undertake an out of school hours activity.

The aims of the activity are to develop team building skills and independence.

### Activity details:

- Students will be sleeping in the school library with adult supervision.
- Children will need to arrive at the school by 5:30pm on the 20th October, and the event will conclude at 7:00am on the 21st October. Parents are to pick up their children from the school library.
- Camping is a medium risk activity.
- Children will be having dinner (hotdogs and ice-cream on a stick for dessert)
- Activities at school include, playing games and participating in a night time scavenger hunt.
- A separate packing list will be sent home at a later date to advise what children need to bring for the night.
- Students will need to take their bedding and bags to the library on arrival.
- Please ensure all medical information and requirements are included on the back of this form. Any medication can be handed to Renae Reedman on arrival. (All medications must include a pharmacy label and doctor's name – even over the counter medications)

### Activity costs:

There is cost of \$4.00 for this program.

**Our school payment policy** is that excursions and activities must be paid for, in full, by Friday 13<sup>th</sup> October, for students to attend. **Students whose payment has not been received by this time will not take part in the activity.** If parents or carers are unable to make payment by the set date, arrangements for a payment plan must be made with the school principal before then. Preferred methods of payment are BPoint online (NOT BPay) or EFTPoS at the school office.

**Our school refund policy** is that parent and carer payments for school activities and excursions will not be refunded. In exceptional circumstances, partial or complete refunds may be granted upon application to the principal from parents or carers. Applications for refunds must be received within seven days of the activity, or seven days before the end of the current school term, whichever is the sooner.

**If you wish for your child to participate in this camp, please complete this consent form and return to your child's class teacher by Friday 13<sup>th</sup> October, 2023.**

For further information about the activity, please contact Scott Little or Renae Reedman on 4698 5333.

Yours sincerely

**Sharon Wilson**  
Acting Principal  
Bunker's Hill State School

**Scott Little**  
Year 2 Teacher

**Renae Reedman**  
Year 1/2 Teacher



## Activity consent form – Year 2 Sleepover

**Activity risks and insurance**

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

**Consent**

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the excursion (including any attached material)
- I am aware that the department does not have personal accident insurance cover for children/students.
- I give consent for the named child/student, \_\_\_\_\_ <insert child’s name> to participate in the identified excursion.
- I will pay to the school the costs detailed in this consent form for the child/student’s participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their 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 with all relevant details of the child/student’s medical or physical needs on registration/enrolment and where relevant have updated this information.
- I give consent for child/student contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer’s Directions.

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for this excursion	Name:		
	Phone number/s:		

**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 excursion described in the form.

---



---

**You may also wish to update/provide the following optional information:**

Name of child/student’s medical practitioner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Medicare No.: \_\_\_\_\_  
 Private Health Insurance Company (if applicable): \_\_\_\_\_ Membership No.: \_\_\_\_\_