

Activity Consent Form

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Independent Public School

45 Ben Lexcen Dr SUNSHINE BEACH 4567

PH: 07 54404222 FAX: 07 54404200

Dear Parent/Carer

Your child has elected to undertake study in at least one of the Industrial Technology practical subjects of ITD, Furnishing, or Engineering. These courses require the students to be instructed on the use of a variety of materials and equipment in the production of their assessable work.

A number of typical processes have been designated by Education Queensland to have a potentially **High** or **Extreme risk** of injury associated with their use, as indicated for each subject in the table below.

	Engineering		Furnishing
HIGH	Gas Welding, MMAW, GMAW Milling Machine Angle Grinder Shaping Machine Hydraulic Press Guillotines Plasma Cutter	Electric Plane Portable Electric Saws Nailing Guns	
		Angle Grinder Surface Planner	Router Table Router Trimmer Guillotines
	Dusts & Particles Compressed Air Fittings & Hardware Bench Grinders Disc Sander Spray Painting Lacquers		
EXTREME	Gas Cutting Milling Machine	Thicknesser	
	Saws (drop, combination, friction, table)		



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As a requirement of our risk assessment process the relevant authorities recommend that for risks designated high and extreme we obtain **additional** parental permission before we can continue to permit your child to use the indicated resources. While we do not force students to use the equipment if they do not feel confident and safe, it is an essential element of these courses that prepares them with skills and experiences for future work and exposes them to a wide range of technical equipment.

Students receive comprehensive instructional training in the safe use of these machines, tools and processes and are under close supervision until competent.

We strongly encourage students to participate in the use of this equipment and through individualised, competency-based training we teach students how to manage risks safely.

Conversely students who do not demonstrate a mature attitude and follow safe operating procedures will be restricted in their use of the equipment.

Please complete the permission form attached if you wish your child to continue in the subject, and to be able to use the indicated resources. *(All forms will be kept in student files)*

Please also include any relevant medical information that we may need to be aware of in relation to the safe operation of these tools and processes.

Should you require any further information, please contact Mrs Di Peeters (HOD DAT) 54 404227, or the relevant teacher of the subject in which your child is enrolled.

Yours sincerely

Anthony Swan

Principal

Sunshine Beach State High School

Diana Peeters

HOD Design and Technology

Sunshine Beach State High School

Class Teacher

Sunshine Beach SHS



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Consent

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 and Training 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.
- ☐ 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 and Training) 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

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) 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 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 and Training 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

The activity outlined above carries an inherent risk of physical injury occurring. 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, all costs associated with the injury, including medical costs are the responsibility of the parent/carers. 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.



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