



Wellington Point State School

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Principal: Maria Healy

Deputy Principal: Stacey Kelleher

Excursion consent form – Year 5 Kitchen Program Term 4 2023

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.

6th September 2023

Dear Year 5 Families

During Term 4 Year 5BC, 5EM and 5T students will be participating in the Kitchen program as part of our Australian Curriculum implementation. The aim of the Kitchen lessons is to introduce pleasurable food education, which emphasises the flavours as well as the health benefits of fresh, seasonal food to our students from a young age.

Due to the nature of the learning being undertaken, we are seeking consent for the use of kitchen utensils, including sharp knives.

Excursion details:

Days of the Week: Wednesdays and Thursdays in Term 4, 2023

Location: Onsite at Wellington Point State School Kitchen

Proposed Activities Healthy Eating – Health

Food and Fibre production – Design Technology

Risk Level: High – Due to activities involving heating fat or oil, this is considered a high-risk activity. Explicit instruction and supervision will be provided on the safe handling of food and equipment including knives and electrical equipment. Students will be supervised at all times.

Supervising Teacher: Classroom Teacher

Dress Code: Full school uniform including closed in shoes. Jewellery is not permitted. Long hair must be tied up.

Requirements: Students will be required to bring a water bottle.

Behaviour Expectations: All students are expected to comply with the Wellington Point State School Student Code of Conduct. Failure to do so will result in withdrawal from a lesson.

Other Information: Students with medical requirements will need to bring appropriate, approved medication eg. asthma puffer, EpiPen.

Volunteers: We would greatly appreciate volunteers to assist in the Kitchen lessons. If you are able to help, please contact your class teacher. Grandparents are welcome to assist, however, will require a Blue Card (Working with Children Card). Inquiries about Blue Cards can be made at the School Office.

Excursion Costs: \$10 per student (to cover staples for all 8 Kitchen lessons). **Payment due by Monday 9th October 2023**

Payment can be made by BPOINT Online or BPOINT (IVR) telephone.

- BPoint - when paying via BPOINT, click the hyperlink in the invoice that will be emailed to you and this will pre-populate information from the invoice to the BPoint payment site where you will enter the amount to be paid.
- BPOINT Integrated Voice Response (IVR) - Telephone 1300 631 073 please ensure you have your invoice available as you will need to quote the CRN and invoice number which are located at the bottom of the invoice

We are also seeking specific information about food allergies and dietary intolerances. Please read the following information carefully, then sign and return this form to your class teacher by **Wednesday 13th September 2023**.

Return of this consent form is required before your child can participate in Kitchen lessons.

For further information about the activity, please contact the school on 3286 0666 or your child's class teacher via email.



Excursion consent form – Year 5 Kitchen Program

Maria Healy
Principal

Fiona Bell &
Kristina Cassar
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kcass25@eq.edu.au
5BC Classroom Teachers

Christine Elmore
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5EM Classroom Teacher

Amy Reibelt
areib13@eq.edu.au
5T Teacher

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 activity (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/student's name and class> to participate in the Year 5- 5BC, 5EM, 5T Kitchen Program.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity.
- I agree to and understand the refund policy as it applies to this activity (see Activity 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.: _____

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/school-excursions-procedure> to ensure you have the most current version of this document.

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Allergy/Dietary Intolerances Form

We will make every effort to ensure your child is safe and can participate in this program. For some allergies, it may be necessary for parents/guardians to provide specific products when required. General food likes and dislikes will not be catered for as we encourage children to try new foods and embrace all aspects of the program.

Please provide details including symptoms of any allergies.

Suggestions for appropriate replacement products: (we will endeavor to find any suggested items however we cannot guarantee that we will be able to provide all items. To be certain, you may prefer to provide items to accompany your student to kitchen classes.)

Parent/Carer's name: _____ (Please print)

Parent/Carer signature: _____ Date: ____/____/____