



Wellington Point State School

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Principal: Maria Healy

Deputy Principal: Stacey Kelleher

Excursion consent form – Activity consent form – Dance Lessons: Prep to Year 3

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](#).

In Term 4, Prep to Year 3 students will be attending weekly Dance Lessons as part of our Australian Curriculum: The Arts (Dance) Program. These lessons are conducted by staff from **Creative Dance Industries**. The aim of the activity is for students to learn how to dance in a structured, disciplined and enjoyable way. This program assists with developing children's skills in teamwork, mutual respect, social interaction and confidence.

Excursion details:

- The Dance program will be conducted in the Hall every Tuesday in Term 4.
- This program has been deemed a medium risk activity.
- The children will be involved in 30 to 45-minute lessons that will comprehensively cover the Dance strand of the Australian Curriculum.
- The workshops will be conducted by an experienced dance instructor.
- All activities have been tested for safety and students will be supervised by class teachers.
- Students are to wear their sport uniform, including sport shoes, on these days.
- Students are expected to comply with our school's 'Student Code of Conduct' during these lessons. Failure to do so may result in a student being withdrawn from a lesson.

Excursion costs:

The cost is **\$28.00** per student. The program runs for 10 weeks. Unfortunately, we are unable to provide a refund for missed lessons.

If you wish for your child to participate in the activity, complete the consent form and return the signed form and this page to your child's teacher by **Thursday, 14 September**. Payment is due by **Tuesday, 3 October**.

Payments can be made via BPOINT online or BPOINT phone:

- To pay via BPOINT online - the web address at the bottom left of your invoice provides a direct hyperlink to BPOINT. Your CRN, Invoice and Student Name will pre-populate into the BPOINT payment screen.
- To make a phone payment using credit/debit card via BPOINT 1300 631 073. Please quote CRN and invoice number from the BPOINT box on your invoice.

For further information about the excursion, please contact contact your child's class teacher.

Maria Healy
Principal
Wellington Point State School

Karen Moss
Head of Curriculum
Wellington Point State School

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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Government**

Excursion consent form – Dance Lessons: Prep to Year 3

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/student'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.: _____

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

