



GRACEVILLE STATE SCHOOL
Established 1928

23 Acacia Ave, Graceville, Q 4075
(Location: Cnr Oxley Rd & Acacia Ave)
Phone: 3716 2777 • Fax: 3716 2700
Email: principal@gracevilless.eq.edu.au

28/5/19

Dear Parents

Re: 26th June Bright Futures STEM Program

On 26/6/19 (55) of our Year 5 students will be participating in a range of hands on activities and role model presentations from industry professionals as part of our STEM program. This event will be held at Corinda State School. The session we will be attending runs from 11.40am to 1.40pm.

The aim of this program is to engage students and teachers in STEM and demonstrate the possibilities available in the resources and energy industry.

Activity details:

- The Bright Futures STEM Program is being hosted at Corinda State School and attended by staff and students from other local schools.
- Students will attend the event for two hours, completing various hands on activities and listening to a number of guest speakers.
- The Risk Management classification for this event is LOW.
- Teachers from the participating schools will provide supervision.
- Students will be transported by bus to Corinda State School from their own school at no cost to parents.
- School uniform is required.
- Any information relevant to students/children with medical requirements (e.g. due to conditions such as diabetes, asthma, travel sickness, allergies or anaphylaxis) should be provided to their supervising teachers.

As there are a range of schools attending this day, we can only send 55 students. All forms will be accepted up to 55 places only. Forms need to be handed in to the office (by a student or parent), not given to class teachers. All forms need to be returned by Wednesday 12th June.

If you wish for your child/student to participate in this activity, please complete this consent form and return all pages.

For further information about the activity, please contact me (lmcke46@eq.edu.au).

Yours sincerely

Lisa McKeaten
Deputy Principal

Number: _____

(Office use only)

Consent form: Yr 5 BRIGHT FUTURES STEM PROGRAM 26/6/19

Privacy notice

The Department of Education 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, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwth).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child 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 you have private health insurance, some costs may 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.

Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity and I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child, _____ in Class: _____ to participate in the Bright Futures STEM day at Corinda State School on 26/6/19.
- In the event of an accident or illness, school staff may 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 of my child's medical or physical needs on registration /enrolment and where relevant have updated this information.

Parent/Carer's name: _____

(Please print)

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

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 activity described in the form.

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

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if applicable): _____

Membership No.: _____

Media Permissions

The event sponsors, AMMA (Australian Resources and Energy Group), have advised that they will be taking still photographs as well as video footage of the event for promotional purposes.

Parental consent is required for students to be included in any photographs or videos. Please indicate your preference below.

☐ I DO give permission for my child _____ to be included in photographs and video for the Bright Futures STEM Program.

☐ I DO NOT give permission for my child _____ to be included in photographs and video for the Bright Futures STEM Program.

Parent/Caregiver Name

Parent/Caregiver Signature

