



22 January 2020

Activity consent form – Javelin

Dear Parent/Carer

In Term 1 or Term 2 2020, your son/daughter will be required to participate in a movement unit that requires students to learn javelin throwing skills and strategies.

The unit aims to develop students' knowledge and skills with particular focus on improving personal performance through appropriate decision making and skill development activities.

Activity details:

- Lessons at least once per week for the duration of the allocated Term.
- The javelin unit will be conducted on the CHSHS oval.
- Activities include learning about and participating in the following activities as examples- throwing technique, run up technique and strategies.
- This is a high risk activity that requires students to follow appropriate procedures to ensure their and others' wellbeing.
- The HPE teachers who hold current First Aid and CPR Certificates will conduct the lessons for their classes.
- All students will be required to wear appropriate Sports uniform and change into this uniform on Formal uniform days.
- It is also recommended that students use a water bottle to remain hydrated throughout the activity.
- Students with medical conditions that prevent them from participating must provide a medical certificate stating the duration of time that the student is unable to participate.

Please complete this consent form and return all pages (including this page) to your son's/daughter's Health and Physical Education teacher by 10 February 2020.

For further information about the activity, please contact Sandra Hearnden- Head of Department HPE on 46367500.

Yours sincerely

Sandra Hearnden
Head of Department
Health and Physical Education

Maryanne Walsh
Principal



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 (Cwlth).

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 (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child, _____ (insert child's name) in _____ (insert group/class details), to participate in the Athletics unit-Javelin conducted in either Term 1 or Term 2 2020.
- 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 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 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.

