

Curriculum Activity Risk Assessment (CARA) Consent Form Year 9 Food Specialisation 2022

24 January 2022

Dear Parent/Carer,

Throughout 2022, your child will be participating in the Food Specialisation program.

This program comprises both theory and practical aspects that will be timetabled on various days of the week. During the course, your child will use pieces of equipment that are classified as *High Risk*. All students will be shown demonstrations on how to use the equipment safely, complete safety theory and will be closely supervised by experienced teachers and support staff whilst completing these activities. Before the class undertakes the use of High Risk equipment, a safety demonstration and instruction will be given to the students.

For your son/daughter to participate in the Food Specialisation program, the consent form is required to be completed and returned to the class teacher. This acknowledges that students will be using *High Risk* equipment. Failing to return the consent form will result in your child being required to change subject.

Activity details:

- Throughout the course the students will be using a number of **High Risk** pieces of equipment. These include:
 - o Knives and Bread Knives
 - o Woks
 - o Frypans Electric or Stove Top
 - o Commercial Dishwasher
- A dress code does apply. Students are required to wear an apron and closed-in shoes. Long hair is required to be tied back.
- Students are required to behave responsibly whilst in the kitchen to reduce the risk of harm (behaviour requirement whilst cooking will be explained before students undertake cooking).
- Please list any dietary related concerns or anaphylaxis on the following page.

If you would like further information on the Curriculum Activity Risk Assessment (CARA) please visit: https://education.qld.gov.au/curriculum/school-curriculum/CARA. Additionally please contact the Subject Coordinator for Food and Design and Hospitality, Mr Andrew Warrell, on 46 367 500. Consent forms are required to be received prior to the student starting the practical activity.

Yours sincerely,

A. Warrell

Andrew Warrell Head of Department Food and Design and Hospitality Maryanne Walsh Executive Principal

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Privacy notice

The Department of Education is collecting the personal information required 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:

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•	I have read all 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,
•	My Child has the following, please list any dietary related concerns or anaphylaxis below:
•	In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require.
•	I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance of 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

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

(Please print)

registration/enrolment and where relevant have updated this information.

Parent/Carer's name: ______