

INDOOROOPILLY A Community of Forward Thinkers

Activity consent form – Junior Arts Journey

26 November 2021

Dear Parent/Carer

Term 4 is an exciting time of year in The Arts where over 400 Indooroopilly State High School junior students from Years 7, 8 and 9 showcase their creative works in a live event called Junior Arts Journey. Since the beginning of this term, students have been busy devising and rehearsing this performance with their class therefore participation in Junior Arts Journey forms an integral part in their experience of working in The Arts. As this is the final assessment task for the year, and an important part of the Indro culture, it is expected that all students attend. Below is the program for the show including session times and class performances.

Activity details:

Session/ Times	Monday 29 November	Tuesday 30 November
Session 1	MMADD I, O, Q	MMADD B, L, N
	THM 8B	DRAMA 9A
4:30pm – 5:10pm	DANCE 9A	MUSIC 8
	MUSIC 9	
Session 2	MMADD C, E, G	MMADD A, H, M
	DRAMA 9C	THM 8C
5:40pm – 6:20pm	MUSIC 8	DANCE 9B
		Auslan interpreted session
Session 3	MMADD D, P	MMADD F, K, J
	THM 8A	THM 8D
6:50pm – 7:30pm	MUSIC 9	MUSIC ACCEL 8A
	DRAMA 9B	

Activity costs: NIL

Activity requirements:

- Students in session 1 will need to remain at school from 3:00pm to 4:00pm under teacher supervision
- Students will meet half an hour before their performance time at the nominated meeting point (A block classrooms) ready to perform (wearing costumes, hair and makeup completed)
- Students are permitted to leave at the end of their performance session
- During the night time sessions, students should be collected by their parent
- Any class specifics will be communicated via their classroom teacher during class time

Covid-19 guidelines will be in place, including the Check In QLD app. Should we need to revise these arrangements in order to satisfy Covid-19 guidelines, we will provide updated information. Please complete the Activity Consent Form attached and return to the student's classroom teacher by Friday 19 November. For further information, please contact Tammy Gilmore on 3327 8391 or tgilm14@eq.edu.au.

Yours sincerely

Chelsea Wilkinson

Teacher Indooroopilly State High School

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Tammy Gilmore

Head of Department - The Arts Indooroopilly State High School Los O'Rells

Lois O'Reilly
Executive Principal

Indooroopilly State High School
Queensland
Government

Ward Street, PO Box 61, Indooroopilly, Queensland 4068 T+61 7 33278333 • Einfo@indoorooshs.eq.edu.au www.indoorooshs.eq.edu.au





Activity consent form – Junior Arts Journey

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 acknowledge that the performance is a part of the assessment for Semester 2 and confirm that my child will be attending
- My child is in session 1 and will need to remain at school and be supervised until 4pm
- I will collect my child at the end of their nominated session time
- I give consent for my child, _____ in ____ Year level/Connect Class, to participate in the Junior Arts Journey activity on Monday 29 November or Tuesday 30 November
- I will pay to the school the costs detailed in this consent form for my child's participation in the activity.
- 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.

 costs. I have provided the school all relevant details of my child's med and where relevant have updated this information. 	lical or physical needs on registration /enrolment
Parent/Carer's name & phone number:	
Parent/Carer signature:	Date:/
Additional medical information The school collected medical information about your child at registrelectronically in OneSchool. Please give full details of any new or unchild's full participation in the activity described in the form.	ation/enrolment. This information is stored pdated medical information which may affect your
You may also wish to update/provide the following optional in	formation*:
Name of child's medical practitioner:	Telephone No.:
Medicare No.: Private Health Insurance Company (if applicable): *If a registration/enrolment form for your child was completed or updated since Octowill already be recorded in OneSchool.	Membership No.:ber 2012 and these details have not changed, this information
I would like this additional information about my child's medical	information to be recorded in OneSchool records.

