

January 2025



**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 named on/off-site activity;
- help coordinate the off-site activity;
- respond to any injury or medical condition that may arise during or as a result of the off-site activity; 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](#).

Dear Parents/Guardians,

Throughout 2025, students at Kingaroy State High School will be participating in the Interhouse Year 7-12 Swimming Carnival (Friday 31<sup>st</sup> January 2025), Interhouse Cross Country Carnival (Thursday 24<sup>th</sup> April 2025), Interhouse Year 7-12 Athletics Carnival (Thursday 26<sup>th</sup> and Friday 27<sup>th</sup> June 2025) and Year 7-12 Health and Physical Education Curriculum Activities (As Scheduled in the Curriculum Plan). The aims of each activity is to provide the full scope of resources and learning experiences to students to enrich learning environments and enhance learning outcomes.

**Activity Details:**

- All listed activities are planned and supervised by a registered teacher with necessary qualifications.
- All risk assessments are completed and stored by the school, these are available upon request.
- Only activities deemed high risk are listed as low and medium risk activities do not require parent/carer consent.
- Not all listed activities are performed in every year level/subject.

Swimming in Pools – Kingaroy Aquatic Centre (Year 7 & 8 HPE, Year 11 and 12 Sport & Recreation – Off Campus)  
Discus (Year 7-9 HPE & Year 7-12 Interhouse Athletics Carnival)  
Javelin (Year 7-9 HPE & Year 7-12 Interhouse Athletics Carnival)  
Cross Country – Leaving KSHS Campus to participate on Cross Country Course – Walking or Running  
Archery (Year 10 HPE)  
Rock Climbing – Artificial Surface – (Year 11 and 12 Sport and Recreation)  
Weight Training (Year 10 HPE)  
Weight Training (Year 11 Sports and Recreation, Year 11 & 12 Certificate 3 in Fitness – Leaving Campus)  
Tennis – Kingaroy Tennis Courts (Year 9 HPE Curriculum and Year 11 PE Curriculum - Leaving Campus)

**Further Information**

For information on behaviour expectations, access the Student Code of Conduct at

[https://kingaroyshs.eq.edu.au/supportandresources/formsanddocuments/documents/student\\_code\\_of\\_conduct\\_2024\\_27.pdf](https://kingaroyshs.eq.edu.au/supportandresources/formsanddocuments/documents/student_code_of_conduct_2024_27.pdf)

For information on:

- risk assessment
- reasonable adjustments for children/students with disabilities, medical or individual requirements
- other details about this excursion

Contact – Rob Turner, HPE HOD using email address [rturn148@eq.edu.au](mailto:rturn148@eq.edu.au) or phone number 4160 0666.

Completed forms are to be returned to Form teachers or to the Front Office. Alternatively, they can be emailed to [enquiries@kingaroyshs.eq.edu.au](mailto:enquiries@kingaroyshs.eq.edu.au)

Thank you

Rob Turner  
Head of Department - Health and Physical Education

David Thomson  
Principal

# Activity Consent Form – 2025 Year 7-12 HPE Curriculum/Sport (High Risk & Off-Campus Activities)

## 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 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 activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named child/student, \_\_\_\_\_ to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for the child/student’s participation in the activity.
- I agree to and understand the refund policy as it applies to this excursion (see Activity 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 student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer’s Directions](#).

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	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.

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## **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.: \_\_\_\_\_

#If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

I would like this additional information to be recorded in OneSchool records.

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



**Queensland  
Government**