



TOOGOOLOWAH STATE HIGH SCHOOL

Dear Parent/Carer,

Re: Consent to participate in Science Classes (Years 7-12) in 2027

As part of our Science Program, your child will participate in activities that have possible risks associated with them.

Activity details:

In all of our Science Programs, students are involved in practical experiments. The majority of activities involved in the Science Programs would be considered **low or medium risk** and students are provided with appropriate training and coaching in order to perform more complex tasks. **Low risk activities** are considered by the Department of Education and Training to mean there is little chance of incident or injury. **Medium risk activities** are deemed to have some chance of an incident and/or injury requiring first aid.

Students in Years 7-12 will have the opportunity to participate in activities which are considered a **high risk activity**. There is a **possible** chance of an incident and injury requiring medical treatment. Examples of these types of activities include using Bunsen Burners (heating), Biological (dissections), Chemistry (working with chemicals), Physics (moving objects), Garden Maintenance, Animals (eg chickens, fish and worms) and STEM (Drones). All **high risk** activities have very strict adherence to safety rules to minimise risk, and other appropriate measures will be taken. Students are also provided with teaching and learning to ensure the chance of such injuries occurring are minimised.

As part of the Australian Curriculum students are required to complete practical experiments. If a student has an injury that may hinder their involvement they must present a note signed by the parent detailing the injury. In this case considerations and adjustments will be made. Where a student lacks confidence with a particular activity, support will be given to develop them towards competency.

Similarly, students who do not demonstrate appropriate maturity may be restricted in activities and their use of various equipment.

Students who breach safety procedures or behave in such a way that they may endanger themselves or others could be excluded from all practical experiments in the Science Department.

The information attached details the Science rules and regulations. Please sign the agreement and return to the School Office. Should you require any further information, please contact the School on 5423 4444.

Yours sincerely,

Troy Harris
HOD Science

Phil Reid
A/Principal

Consent Form Science Department Activities

Please read the information below carefully and then sign below to indicate your agreement/consent:

- I have read all of the information contained in this letter in relation to the activities (including any attached material) and I am aware that the Department of Education, Training and Employment does not have personal accident insurance cover for students.
 - I agree to pay to the school the costs associated with my child's participation in the activity.
 - In the event of an accident or illness, I authorise school staff to 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 relating to my child's medical or physical needs on enrolment and where relevant have updated this information.
 - I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child's behalf.
- I give consent for my child, _____ (print child's name) in year _____, to participate in Science classes in 2027

Parent/CarerName: _____ (Please Print)

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

Medical information

Medical information (medical, physical or management) which may affect your child's full participation in the activity described in the letter.

You may also wish to provide the following information*:

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

Medicare No.: _____ Private Health Insurance Company (if provided): _____

Membership No.: _____

I would like this additional information about my child's medical and physical details to be recorded in OneSchool records.

Privacy Notice

The Department of Education, Training and Employment 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 s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld). The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks and Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, 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.