

Activity Consent Form – Love Bites Program 2023

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 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.

Where applicable, the information is being collected in accordance with section 102 of the Education and Care Services National Regulations and the Education and Care Services Regulation 2013 (Qld).

The information will only be accessed by authorised departmental staff and stored securely. The information will be dealt with in accordance with the confidentiality requirements of, as applicable, section 426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cth). 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.

Love Bites

NAPCAN's highly regarded Love Bites and Love Bites Junior programs have been running in schools since 2005. The interactive and engaging sessions focus on the development of respectful relationships for young people aged 11 to 17. The programs aim to provide a safe environment in which young people can discuss and learn about their rights and responsibilities in relationships and look at ways to access support when needed. During the sessions, young people are introduced to a number of services in the community and encouraged to support their friends by utilising safe, healthy and proactive strategies.

Love Bites will run for a full day, with two interactive sessions followed by creative workshops. Young people are given an opportunity to create their own campaigns to promote respectful relationships in our community through these workshops.

The facilitators for the Love Bites program come from different community organisations and services including Mission Australia, Wesley Mission, Queensland Police Service, Youth Justice, Gold Coast Youth Service and other community-based organisations. Our Staff will also be present during the sessions.

Activity details:

- Love Bites will run on Wednesday 19th July and Thursday 20th July. Students will only attend **one** of the allocated days depending on their surname.
- A supervising teacher will be present.
- Low risk is associated with this activity.
- As with all school events, the Student Code of Conduct applies throughout.
- Students with pre-existing injuries should seek medical clearance before engaging in activities. Students with medical conditions must provide medical clearance to participate.

Activity costs: Free

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages (including this page) to:

Pascale Street Guidance Officer Foxwell SSC.

For further information about the activity, please contact Pascale Street on 07 5555 3333 and ppier6@eq.edu.au.



Kylie Steinhardt
Acting Principal
Foxwell State Secondary College

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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, _____ <insert child's name> 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.

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I give permission for the named student to participate in the Love Bites Program.

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:

Additional medical and dietary requirements 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, along with dietary requirements, which may affect your child's full participation in the activity described in the form.

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.

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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**