



Design Technology Activity Consent Form

January 2016

Dear Parent/Carer

Your child has enrolled in a subject within the Design Technology Faculty. The inherent nature of this subject means that **safety** is a major focus for teachers and students. A Curriculum Activity Risk Assessment Form has been completed for all activities in the Design Technology faculty. It is important that you are aware of the following:

Many curriculum activities undertaken in the Technology & Design Faculty (such as in Workshops and Kitchens) have an inherent risk of physical injury. Injuries may occur without any negligence on the part of the school. Please take this into consideration in deciding whether or not to allow your child to participate in their chosen subject.

Typical activities (these are indicative examples) that students may participate in, are: woodworking, hand tools, hand held power tools, machining (yr 11/12), bandsaw, mortice machine, spindle moulder (yr 10, 11/12), belt sander, metalworking, welding (Yr 10,11/12), punch & shear (yr 11/12), plasma cutting (yr11/12), soldering, catering, cooking, using knives in food preparation, stoves, utensils, blenders etc.

For your child to participate in the activities, please complete this consent form and return to your child's teacher no later than the end of week 2, term 1, 2016.

You will be asked to sign a copy of this for each subject that your child has enrolled in.

If you require further information about activities within Design Technology, please contact the class teacher or Head of Department on 07 – 35505777

Yours sincerely

Mr Matt Wyber

A/Head of Department – Design Technology
Ferry Grove State High School

Consent

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- 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 of Education, Training and Employment does not have personal accident insurance cover for students.
- I give consent for my child, _____ (print child's name) in class _____ (print class details), to participate in the activity detailed above.
- 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.

Parent/Carer Name: _____ (Please Print)

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

Additional medical information

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

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.: _____

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

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 & 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 be 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.