



## BRACKEN RIDGE STATE HIGH SCHOOL

30 November 2023

Dear Parent/Carer

Bracken Ridge State High School is proud of the achievement of our students in the field of sport. Our Sports Program is second to none, with cutting edge programs in skill development, recreational sport, intra-house carnivals, inter-school sport and district, regional and state representation for all year levels. Throughout the year, Bracken Ridge State High School students demonstrate their physical prowess in the three intra-school carnivals; *Swimming*, *Cross Country* and *Athletics*. Permission is now required for students to participate in the carnivals due to sun safety requirements and risk assessment levels.

Year-round sun protection is important for all children and young people and Bracken Ridge State High School aims to educate our students about being sun safe in order to develop important and lifelong and healthy habits. For all carnivals, students must:

- wear appropriate protective clothing including school hats (bucket or cap) and swimming shirts/rash vests (parents/carers will be contacted if hats and protective clothing is not worn)
- stay hydrated
- apply sunscreen (school supplies SPF 30 or higher broad-spectrum, water-resistant sunscreen for student use), and
- use (where possible) shade structures.

### Carnival Details:

**Dates:** Swimming Carnival: Friday 2 February 2024  
Cross Country: Friday 19 April 2024  
Athletics: Thursday 11 July 2024 (half day event) and Friday 12 July 2024 (whole day event)

**Etiquette:** Behaviour is as per the *Student Code of Conduct*. This will be enforced with extreme vigour as we are representing Bracken Ridge State High School within the wider community.

**Risk Assessment Level:** Swimming: high level (including swimming races, free swims and novelty events (including the bomb diving competition and watermelon eating competition) - life guards will be on duty.  
Cross Country: medium level.  
Athletics: high level (including track and field events and novelty events).

**Activity Costs:** Nil (covered by the sports levy).

Please complete the attached consent form and return to students form teacher by Tuesday 30 January 2024.

For further information about the intra-school carnivals, please contact the school on 3869 7222.

We would also like to remind parents that all students are required to attend all carnivals and we look forward to their enthusiastic support.

Yours sincerely

Mrs Michelle Lyons  
Principal



# BRACKEN RIDGE

STATE HIGH SCHOOL

## Activity Consent Form – Bracken Ridge State High School Intra-School Carnivals (return to Year Level Coordinator)

### Privacy Notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child/student 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.

*This 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](#).*

### Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer 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 that:

- I have read all of the information contained in this form in relation to the excursion/activity (including any attached material).
- I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child/student, \_\_\_\_\_ **<insert child's name>** in form class \_\_\_\_\_ to participate in the **School's Swimming** (Friday 2 February 2024), **Cross Country** (Friday 19 April 2024) and **Athletic** (Thursday 11 July and Friday 12 July 2024) **Carnivals**.
- 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 all relevant details of my child's/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 excursion/activity in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for the duration of this excursion	Name:		
	Phone number/s:		

### 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 excursion/activity described in the form.

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### You may also wish to update/provide the following optional information\*

Name of child's medical practitioner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Private Health Insurance Company (if applicable): \_\_\_\_\_ Membership No.: \_\_\_\_\_

I would like this additional information about my child's medical 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.

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