



## Permission to Attend Super 7 Netball

Dear Parent/Guardian,

Your daughter has expressed interest in attending the Super 7 Netball tournament as outlined below. These tournaments aim to provide year 7, 8 and 9 students' opportunities to continue their netball development throughout the year.

Transport has been arranged and students will need to wear their school sports uniform. As they are representing the school, normal school rules apply, and exemplary behaviour expected.

Please complete the accompanying permission form and have it returned to the HPE staffroom in the hall.

Do not pay the nomination fee until invoiced. Payment may then be made to the office.

<b>Sport:</b>	Netball, Super 7 Tournament
<b>Date:</b>	Friday October 28 <sup>th</sup> 2016
<b>Time:</b>	Bus will leave Ferny Grove State High School at 7.30am and return at approximately 3.30pm
<b>Venue:</b>	Caboolture Netball Association, 15 Riverview Street Caboolture.
<b>Cost</b>	<b>\$13</b>
<b>Uniform:</b>	School Sports Uniform
<b>Other:</b>	Sports shoes required, water bottle, 'Sun Safe' and lunch

Kind regards,

Mrs Morgan  
Netball Coordinator

**Warren Janetzki** | Head of Health, Physical Education & Sport

Department

Ferny Grove State High School

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**An Independent Public School**



Students are to return this permission slip to their Coach

**FERNY GROVE STATE HIGH SCHOOL**

**Activity Consent Form: Super 7's Netball**

Date of Excursion: **October 28th, 2016**

Coordinating Teacher: **Mrs Morgan**

**Privacy Notice**

The Department of Education and Training (DET) 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**

Please note that the Department of Education and Training does not have personal accident insurance cover for 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 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.

**Consent**

By signing this form (below) I agree that:

- 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 and Training 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. I will pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

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 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You may also wish to provide the following information\*:**

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

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

Private Health Insurance Company (if applicable): \_\_\_\_\_ 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.

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

## Super 7's Payment Advice

This can be paid online, or by cash / cheque or credit card at the school office, before school or at morning tea.

Student Name: \_\_\_\_\_ Form Class: \_\_\_\_\_

Cost: \$13

Invoice Reference:

Sub Cost Centre:

<b>Cardholder Name:</b>			
<b>Card Type:</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
<b>Card Number:</b>			
<b>Credit Card Expiry Date:</b>			