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16 May 2024

Dear Parents/Carers,

Re: Year 5 Life Education

Between the **10th and 13th of June** students in Year 5 will have the opportunity to participate in an incursion with Life Education, focusing on the topic of 'Welcome to Puberty'.

The aim of the activity is to introduce puberty as an important stage of human development. Students will identify male and female reproductive systems, identify the physical, social, and emotional changes that occur during puberty, investigate sources of help for coping with puberty changes, explore physiological responses to feeling unsafe and identify personal rights, and identify strategies and sources of help to respond to unsafe situations.

Activity details:

Date and Time:	A 90 minute session during school hours between 10 th and 13 th of June
Transport	N/A
Venue:	Pallara State School
Cost:	\$13.00
Due Date:	29 th of May, 2024
Dress Code:	Pallara State School Uniform
What to Bring:	N/A

To indicate your consent for your student to participate in this activity, please complete the attached form and return it to the classroom teacher by payment due date.

You will be emailed an invoice for this activity. Please make payments by the above due date for your child to attend. No late payments will be accepted and no refunds will be made if your child is unable to attend.

Should you have any queries regarding this activity, please do not hesitate to contact the school or the coordinator Philip Thomas – pdtho0@eg.edu.au

Kind Regards,

The Year 5 Teachers & Philip Thomas.

Activity consent form – Year 5 Life Education

I permit my child _____ class _____
to participate in the following activity:

Date:	A 90 minute session during school hours between 10 th and 13 th of June
Venue:	Pallara State School
Cost:	\$13.00

STUDENT'S MEDICAL INFORMATION <i>(Please tick as appropriate)</i>	
<input type="radio"/>	I have previously supplied my child's medical information that may affect my child's participation in this event. Condition: -----
<input type="radio"/>	There is NO medical information for my child that requires attention during this excursion.
<input type="radio"/>	I have NOT previously provided my child's medical information. *Please email details to admin@pallarass.eq.edu.au

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 my child 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 activity
- 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.

PARENT/GUARDIAN CONSENT:		
Parent/Guardian Name:		
Signature:		Date:
Contact Number:		
<p>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. <i>The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the DET permission for the information to be disclosed. e.g. in compliance with relevant <u>Queensland Chief Health Officer's Directions</u></i></p>		