

## Activity consent form – Love Bites – Thursday 19<sup>th</sup> September

22/8/19

Dear Parent/Carer,

On Thursday 19<sup>th</sup> September the Year 10's will be participating in an incursion of Love Bites.

Love Bites is an extremely successful school-based Domestic and Family Violence and Sexual Assault prevention program that evolved on the Mid North Coast of NSW. Love Bites is based on best practice standards for education programs as recommended by the Federal Government funded Australian Domestic and Family Violence Clearing House and other leading academics in the area of violence against women.

Over 100,000 high school students throughout Australia have participated in this interactive and innovative program aimed at 14-16yr olds.

Love Bites promotes an integrated partnership approach to prevention and generates local ownership of the program. Local service providers facilitate the Love Bites program. Professionals such as sexual assault workers, domestic violence workers, youth workers and police facilitate the program.

### Activity details:

- Thursday 19<sup>th</sup> September from 9am to 3pm on school ground (UCA)
- Activities may include interactive and group work
- Low risk level activities with adequate teacher supervision
- School adapt-a-cop will run the sessions
- Students are to be in full school uniform
- Students are required to show the 3P's to a high standard
- Students should bring their own water bottles

If your child will require any **medication to be administered during the activity (including over the counter medication such as paracetamol)**, please contact the office so that the necessary paperwork can be completed.

Activity costs: No cost

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:

Jacinda Fehlhaber – [jfeh18@eq.edu.au](mailto:jfeh18@eq.edu.au)

For further information about the activity, please contact Jacinda Fehlhaber on 4988 2222 or [jfeh18@eq.edu.au](mailto:jfeh18@eq.edu.au).

Yours sincerely



Sean Maher  
Principal



Jacinda Fehlhaber  
Head of Year 10

### Privacy notice

The Department of Education 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, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwth).

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 department permission for the information to be disclosed.

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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 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 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 does not have personal accident insurance cover for students/children.
- I give consent for my child, \_\_\_\_\_ <insert child's name> in \_\_\_\_\_ <insert group/class details>, to participate in the Love Bites activity on Thursday 19<sup>th</sup> September.
- I will pay to the school the costs detailed in this consent form 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 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 medical or physical needs on registration/enrolment and where relevant have updated this information.

Parent/Carer's name: \_\_\_\_\_ (Please print)

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 activity described in the form.

### 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.: \_\_\_\_\_

\*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.

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

