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## Activity consent form – Year 4 – 6 Interhouse Cross Country Carnival

20<sup>th</sup> February 2019

Dear Parent/Carer

On Friday 1<sup>st</sup> March 2019, we will be holding the Year 4 - 6 Inter-House Cross Country Carnival. The Cross Country is a trial for selection in the Manly SS Team to compete at the Bayside District Cross Country Trials. To be eligible for selection in the team competitors must meet the district qualifying times. The top three competitors in the 10 (2009), 11 (2008) and 12 (2007) years age divisions will be eligible for selection in the Manly SS Cross Country Team.

We have taken in to consideration the weather conditions at this time of year, however due to the Bayside District nominations requirements the carnival has been brought forward.

The carnival will be held at Memorial Park from 9.30am – 11.30am on Friday 1<sup>st</sup> March 2019. Students will leave from Manly SS and walk to Memorial Park under the supervision of their class teacher where they will participate in one of the following events.

- 9.45am – 12 years Girls (2007) – 3 km event
- 9.55am – 12 years Boys (2007) – 3 km event
- 10.05am – 11 years Girls (2008) – 3 km event
- 10.15am – 11 years Boys (2008) – 3 km event
- 10.25am – 10 years Girls (2009) – 2 km event
- 10.35am – 10 years Boys (2009) – 2 km event
- 10.45am – 9 years Girls (2010) – 1 km event
- 10.55am – 9 years Boys (2010) – 1 km event

**Please Note: Event times are indicative only and the carnival will proceed in order but times may vary where necessary. This may mean that events will run earlier or later than indicated on the programme.**

**All students will require the following items**

- Blue sports shorts and house coloured shirt
- Hat
- Appropriate running shoes (no spikes)
- Sunscreen – to be applied regularly throughout the day
- Water Bottle(s)
- Morning Tea
- Any required medication

Inherent risk level of the activity – Medium

On completion of their races, students will walk back to Manly State School under the supervision of their class teachers. If your child is leaving directly from Memorial Park to go home, please ensure they are signed out with their class teacher prior to leaving.

Parents and Carers are most welcome to join us for this event. As there is limited shade and seating at Memorial Park, please remember to bring a chair and some shade to make your day more enjoyable.

If you are able to provide assistance as a course marshal at the carnival, please contact Jenny Thomas or the school office.

If you wish for your child to participate in the activity, please complete this consent form and return to your child's class teacher no later than Monday 25<sup>th</sup> February 2019.

For further information about the activity, please contact Jenny Thomas on [jthom20@eq.edu.au](mailto:jthom20@eq.edu.au) or the school office on 3906 6333.

Yours sincerely,

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Mr Clayton Carnes

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Mrs Jenny Thomas

**Uncontrolled copy.** Refer to the Department of Education Policy and Procedure Register at <http://ppr.det.qld.gov.au> to ensure you have the most current version of this document.

Page 1 of 2



Queensland  
Government

## Activity consent form – Year 4 – 6 Interhouse Cross Country Carnival

Principal

Physical Education Teacher

### **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.

### **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, \_\_\_\_\_ in \_\_\_\_\_ to participate in the Year 4 – 6 Interhouse Cross Country Carnival activity on Friday 1 March 2019.
- 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.