



# CABOOLTURE

## STATE HIGH SCHOOL

*Making the difference today ... for tomorrow*

Lee St, Caboolture 4510

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### 2024 INTER-HOUSE SWIMMING CARNIVAL

19 January, 2024

Dear Parents and Carers,

Caboolture State High School's annual Inter-House Swimming Carnival will be held during term 1. Details about the event are as follows. Students require written parent/carer consent to attend. All students are expected to attend the swimming carnival to support their sporting house as regular classes are not scheduled on this day.

- Date:** Monday 12 February, 2024 (Monday Week 4, Term 1).
- Time:** Students will depart Caboolture State High School at approximately 9:15am and return by 2:40pm.
- Venue:** Burpengary Regional Aquatic & Leisure Centre (This is an undercover facility).
- Travel:** Students will travel via chartered bus line. All students will travel to and from the pool on the chartered buses. Students will be dismissed from the school at 2:40pm.
- Uniform:** Students must wear appropriate footwear as per School's Dress Code Policy. School uniform or house colours only. No coloured hair spray, streamers or zinc.
- Swimming Attire:** All competitors must provide their own swimming cap and goggles to race in. \*As this is a school swimming carnival, we remind students to wear conservative swimwear and clothing. Bikinis and one-piece costumes that are revealing and/or see-through are not appropriate.
- Risk Level:** **High risk:** Participating in learning of swimming or water safety in a pool environment.
- Events:** Students are to meet at the SPC at 9:00am and sit in their EFG (Extended Form Group) for roll marking. Students who nominate to swim in the Butterfly event (competent swimmers only), must ensure they go directly to the bus bay after roll marking.
- Mobile Phones** Phones are "Away for the Day" and if brought to the event, must be locked in the Yondr pouches. Students will be able to unlock pouches upon their return to school at 2:40pm.
- Cost:** NIL
- Food:** Food from the canteen will be available on the day, however students are restricted to certain times only. Students are encouraged to bring their own food and water and not rely on canteen availability.
- Behaviour:** While attending and participating in all competition events, it is expected all students follow Caboolture State High School's Student Code of Conduct.
- Spectators:** Parents and/or caregivers are welcome to attend the swimming carnival.

If you wish for your child to participate in the activity, please complete the medical form and sign this consent form, return both forms to the school administration office no later than 2:40pm Wednesday 7 February.

For further information about the activity, please contact the school by phoning on 5498 0111.

Yours sincerely,

Chris Little  
HOD of Health & Physical Education

Doug Watson  
Principal

#### 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.

Where applicable, the information is being collected in accordance with section 102 of the Education and Care Services National Regulations and the Education and Care Services Regulation 2013 (Qld).

The information will only be accessed by authorised departmental staff and stored securely. The information will be dealt with in accordance with the confidentiality requirements of, as applicable, section 426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cth). 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](#).

## 2024 INTER-HOUSE SWIMMING CARNIVAL

### 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 the named child/student, \_\_\_\_\_ <insert child's name> to participate in the identified activity.
- I acknowledge the correct swimming attire that my child is required to wear.
- 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/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	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.

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

Name of child/student'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 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.*

**CABOOLTURE STATE HIGH SCHOOL  
MEDICAL CONSENT FORM - STUDENT**

STUDENT'S NAME (IN FULL): \_\_\_\_\_

HOME GROUP: \_\_\_\_\_ RELIGION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF PARENT/CARER (1): \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

NAME OF PARENT/CARER (2): \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

ADDRESS (STUDENT): \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEDICARE NUMBER: \_\_\_\_\_ MEDICARE CARD ID: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

PRIVATE HEALTH INSURANCE: HEALTH FUND: \_\_\_\_\_ M/SHIP NO: \_\_\_\_\_

HAS YOUR CHILD HAD A TETANUS BOOSTER IN THE LAST (12) MONTHS: \_\_\_\_\_ (DATE)

G.P. NAME/ADDRESS/PHONE: \_\_\_\_\_

DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING?

**IT IS COMPULSORY TO ANSWER THE QUESTIONS – DO NOT LEAVE BLANK.  
IF YES, PLEASE GIVE FULL DETAILS. IF NO – WRITE N/A (NOT APPLICABLE)  
(For example - Severity, Medication, Date of last attack/operation/injury)**

- (a) Asthma \_\_\_\_\_
- (b) Other Respiratory Problems \_\_\_\_\_
- (c) Drug Allergies \_\_\_\_\_
- (d) Other Allergies \_\_\_\_\_
- (e) Diabetes \_\_\_\_\_
- (f) Epilepsy \_\_\_\_\_
- (g) Heart Problems \_\_\_\_\_
- (h) Blood Pressure \_\_\_\_\_
- (i) Other - please list \_\_\_\_\_
- (j) Recent operations/Injuries \_\_\_\_\_

PLEASE GIVE FULL DETAILS OF ANY PROBLEMS EITHER MEDICAL OR PHYSICAL WHICH WOULD LIMIT YOUR CHILD'S FULL PARTICIPATION IN ANY ACTIVITY.

\_\_\_\_\_  
MEDICATION: PLEASE GIVE DETAILS OF ANY PRESCRIBED MEDICATION BEING TAKEN BY YOUR CHILD. INCLUDE DOSAGE, FREQUENCY AND ANY DOCTOR'S INSTRUCTIONS.

\_\_\_\_\_  
I AM AWARE OF THE TYPES OF ACTIVITIES INCLUDED IN THE EXCURSION AND WHAT THEY ENTAIL. I GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE EXCURSION. I AUTHORISE THE PRINCIPAL OR REPRESENTATIVE TO OBTAIN SUCH MEDICAL ATTENTION AS MAY BE DEEMED NECESSARY AND I UNDERSTAND THAT I AM RESPONSIBLE FOR THE COSTS. I ALSO AUTHORISE QUALIFIED MEDICAL PRACTITIONERS TO ADMINISTER BOTH ANAESTHETICS AND BLOOD TRANSFUSIONS IF THE NEED ARISES.

I ACKNOWLEDGE THAT THE DEPARTMENT OF EDUCATION, TRAINING AND THE ARTS DOES NOT HAVE PERSONAL ACCIDENT INSURANCE COVER FOR STUDENTS.

PARENT/CARER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_