



Activity Consent Form Year 8 / 9 Robotics PoE QUT Excursion

21 September 2023

Dear Parent/Guardian,

On Thursday, 2 November, students in the Year 8/9 Robotics Program of Excellence will be participating in an excursion to QUT, to attend a Queensland University of Technology's Robotics workshop. The students will be participating in a full day workshop aimed at challenging our students and enhancing essential 21st Century skills, such as critical thinking, design thinking, problem solving and programming.

Activity details:

- **Venue:** Queensland University of Technology, P Block, Gardens Point Campus, Brisbane City, QLD
- **Date:** Thursday, 2 November, 7:35am – 3.35pm.
- Students will be attending a Mechatronics: Build and Code Rescue Arms workshop, that introduces the use of the engineering principles of mechatronics, to construct a robot arm from a range of components and motors.
- The inherent risk level of this activity is medium due to being off-campus and travelling by bus, however the students are traveling in a seat-belted bus, will observe road safety rules and will be under the supervision of experienced VPSHS staff at all times.
- Planned Schedule:

7.35am	Students are to meet their Robotics teacher at the bus bay for roll marking and bus boarding
7.40am	Bus will depart VPSHS
9.00am – 11.15am	Arrive QUT: Morning Workshop: Mechatronics: Build and Code Rescue Arms Includes 15 mins for morning tea
11.15am – 12.00pm	Lunch
12.00pm – 2.15pm	Workshop Part 2
2.20pm	Depart QUT P block and walk to bus pick up point
2.30pm	Bus departs QUT/Brisbane City
3.15pm - 3.35pm	**** please note arrival time at school

- Students are to wear full school uniform, including fully enclosed black leather school shoes. .
- Students should bring lunch (or money), a water bottle, pens and book.
- Food can be purchased on the day on site.
- As this is an off campus activity, students should take all necessary precautions with regards to any medical requirements (e.g. due to conditions such as diabetes, asthma, travel sickness, allergies, or anaphylaxis).

Activity Costs:

To be eligible to participate in this excursion, students must have made payment of the annual contribution to the Program of Excellence. The cost of this excursion is being funded by the VPSHS Program of Excellence; no further payment is required to participate.

If you wish for your child to participate in the activity, please complete the attached consent form and return it to classroom teacher: Mrs Galpin no later than Friday, 20 October 2023.

For further information about the activity, please contact Head of Technologies, Mrs Michelle Galpin on 07 3820 5888.



Dr Robyn Burton-Ree
Principal
Victoria Point State High School



Activity consent form – Year 8 / 9 Robotics PoE QUT Excursion

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](#).

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 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 excursion (see Activity costs)
- 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.

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.