

Distance Ed



Annual Approval Form 2024

Student's Name:

The School of Distance Education
15 – 23 Brisk Street,
Charters Towers, QLD 4820
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THE SCHOOL OF DISTANCE EDUCATION

CHARTERS TOWERS

Annual Student Approval Form

This approval form provides an annual approval for the following activities. Forms received by the school are current for 12 months (i.e. a school year) unless rescinded in writing by a parent/guardian. **A form must be completed for each student.**

The original of this form is to be kept on file at the School.

ACTIVITIES

<ul style="list-style-type: none"> • Tutor School • Inreach • Year 3/5/7/9 Test • Athletics Carnival • Mini School 	<ul style="list-style-type: none"> • Outreach • QCS Test • Chaplaincy Services • Swimming Carnival 	<ul style="list-style-type: none"> • Transition Day • Awards Day • Religious Instructions • Country Music Festival Float
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STUDENT DETAILS

Student Name			
Teacher			
Class Group		Outreach Area	
Name of Parent/Caregiver			
Contact Phone		Mobile	

MEDICATION REGISTER (DETAILS OF MEDICATION)

For the duration of an activity, my child, requires the following medication.

Name of Medication	Dosage	Times to be taken	Administered by Student/Teacher
Does medication need to be refrigerated?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please Note: All medication must be clearly labelled. No analgesics may be administered by Teachers or Support Staff.

FOOD ALLERGY

Please list any foods your child is not allowed to eat/drink for the duration of this activity.

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MEDICAL DETAILS

As a Parent/Guardian of _____

I, _____ give my consent for him/her to participate in activities to be conducted, and I agree to delegate my authority to the Staff involved.

Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above-mentioned activity.

I also authorise the teachers to obtain medical assistance that they deem necessary and agree to pay all medical expenses incurred on behalf of the above student.

I submit the attached medical information about the above student and include details of limitations that he/she has for the activity concerned. **Any change in the medical status of the student will be notified in writing to the school.**

Signed:
(Parent/Guardian)

Date

MEDICAL CONDITIONS

Date of Birth of student		
Condition	Please Select	Notes
Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bed Wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recent serious illness or operation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drugs required (Please fill in details on the next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug Reactions (e.g Penicillin, Allergy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Information		
Emergency Contact:		
Telephone:		
Address:		
Medicare and/or Medical Benefits Number:		

RELIGIOUS INSTRUCTIONS

I give my permission for my child to participate in a Christian/non-denominational Religious Instruction class.

Permission:

Yes No

STUDENT PARTICIPATION IN PROGRAM OF CHAPLAINCY SERVICES

I give my permission for my child to participate on a voluntary basis in school activities supported by our chaplaincy services which may have religious, spiritual and ethical content. I understand that this consent is inclusive of all such activities and remains operational unless I advise the school otherwise in writing.

Permission: Yes No

SWIMMING LESSON PERMISSION

Before each child is permitted to participate in any form of swimming lesson or activity, the parent or guardian must indicate their approval for the child to be involved and that the child's health is sound.

I wish my child to participate in the swimming activity and/or lesson being organised by the School of Distance Education – Charters Towers. My child suffers from no medical condition that precludes his/her involvement in this activity.

Signed:
(Parent/Guardian)

Date

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.

Signed:
(Parent/Guardian)

Date

INTERNET ACCESS AGREEMENT – STUDENT DECLARATION

Student Declaration:

I understand that the Department of Education and Training supplies internet access for our educational advancement i.e., our learning and not for our entertainment. It is my responsibility as a student of this school to make sure that I use the Internet and computers for learning purposes only.

While I have access to the Internet: *(Please tick)*

- I will use it only for educational purposes of research, assessment and class projects
- I will not look for anything that is illegal, dangerous or offensive
- If I accidentally come across something that is illegal, dangerous or offensive, I will:
 - a) Clear any offensive pictures or information from my screen, and
 - b) Immediately and quietly inform my teacher.
- I will not reveal logins, passwords, home addresses or phone numbers
- I will use the Internet communication tools in a respectful and safe way so as to not annoy, hurt or offend others.
- I understand that my work and conduct on the computers and the Internet are closely monitored by the school and the Department of Education. Any infringements will incur a consequence of loss of access.

Student Name:

Signed:

Date

INTERNET ACCESS AGREEMENT – PARENT DECLARATION

Parent Declaration:

- I understand that the Internet can provide students with valuable learning experiences.
- I also understand that it gives access to information from around the world. Whilst, the education department has controls and restrictions on what students can and cannot access, there are, on occasion, times when an inappropriate piece of material gets through.
- I understand that students are well supervised and instructed on being Cyber Safe when using computers and the internet at school
- I believe my child understands this responsibility, and I hereby give my permission for him/her to access the Internet under the school rules. I understand that students breaking these rules will be subject to the consequences outlined in the Responsible Behaviour Plan. This may include loss of access for a period of time.

Parent/Guardian Name:		Signed:	
Date			

MINISCHOOL/INREACH CONDITIONS

By completing and returning this form, parents accept the conditions regarding camp organisation and access.

Conditions are:

- Parent access must be negotiated with the Inreach Coordinator
- General access visits cannot occur
- Where Inreach conditions are not followed, parents will be asked to assume full care and responsibility of the child outside of the Inreach area.

Refer to Policies: <http://education.qld.gov.au/strategic/epr/schools/scmpr002/index.html>

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 (Cwlth). 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.

Distance
Ed

The logo for Distance Ed features the word "Distance" in a dark blue serif font. Below it, a yellow arc curves from the left towards the right. To the right of the arc, the word "Ed" is written in a blue sans-serif font.