



**Consent Form  
for a DAY VISIT  
to the  
Boyne Island  
Environmental Education  
Centre**

Your child is to undertake an educational program of field studies at the Boyne Island Environmental Education Centre. Please provide the following information to enable the organisers of the program to provide better care for your child. During this visit, your child will participate in a variety of activities that may include initiative games, problem solving and trust activities, walking, virtual reality (VR) goggles, bike riding, low ropes, high ropes, cooking, bush cooking or campfires, swimming, surf awareness & beach games, snorkelling, fishing, canoeing, boating, travelling on ferries, centre's boats and science activities to explore the local environment.

**Privacy Notice:** The Department of Education (DoE) is collecting this information to enable visit organisers to provide appropriate health care for your child if required. This information will only be accessed by authorised departmental employees. Some of this information may be given to external health providers. In accordance with s.426 of the Education (General Provisions) Act 2006 (regarding student's personal information) and the Information Privacy Act 2009 (parent/carer's personal information) your information will not be disclosed to any other person or body unless you have given DoE permission or DoE is required or authorised by law to disclose the information.

**Medical Notice:** Staff will provide immediate first aid and contact an ambulance as required following the HLS-PR First Aid Policy. School staff will not administer any over the counter medication, including analgesics, homeopathic or prescribed medication unless a written request is provided from a parent/guardian, accompanied by written advice from a medical practitioner and with the medication in the original labelled container. Parent/s are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications and equipment prior to the visit, BIEEC staff will not administer medication. All medication will be administered according to the HLS-PR-009 Administration of routine and emergency medication policy.

**Activity Risks & Insurance:** Please note that the Department of Education does not have personal accident insurance cover for 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 be 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.

SCHOOL:	YEAR LEVEL:	DATE of VISIT:
<p><b>NAME:</b> Family ..... Given ..... Gender: <b>M / F</b> DOB: .....</p> <p><b>Parent's Full Name:</b> ..... Home#: ..... Mobile#: .....</p> <p><b>Home Address:</b> .....</p> <p><b>Medicare Details:</b></p> <p>Medicare No: ..... Number of Person: ( ) Expiry Date: ...../.....</p> <p>Additional health insurance company name: ..... Membership number: .....</p> <p>Name of Family Doctor: ..... Name of Practice: ..... Phone #: .....</p>		

**Custodial Issues**

Are there any custodial issues that the Principal and/or staff should be made aware of? **YES / NO**

If YES, please provide details in writing:

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**Use of copyright material, image, recording, or personal information**

Please see State School Consent form and complete. As our site is an alternate educational campus, previous consent forms submitted to school upon enrolment do not suffice.

**Ability to participate**

Will the person’s medical condition/impairment **compromise their capacity or ability to participate** in the identified activities? Asthma, physical impairment, intellectual impairment, injury, swimming ability, anxiety, physical fitness etc. **YES / NO**

If YES, please write details to assist coordinators in supporting your child (any medical condition must be disclosed here):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behaviour Management**

Teachers may take disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually during the excursion/activity. I am aware this may include returning my child home for which I agree to pay any additional costs incurred as well as for any deliberate damage caused by my child.

**Individual and/or emergency health plan (IHP/EHP)**

Does your child have a health condition requiring an individual and/or emergency health plan (IHP/EHP) or Action Plan?

If you answer YES to any of the following, please see your school for further details. BIEEC requires this information to better cater for your child.

Condition		Details including known triggers	TEACHER TASKS		
			IHP/EHP required?	IHP/EHP sent home?	IHP/EHP Attached?
Asthma/Other Respiratory Problems	YES NO		YES NO	YES NO	YES NO
Diabetes	YES NO		YES NO	YES NO	YES NO
Epilepsy/Seizures	YES NO	(eg. VR Goggles)	YES NO	YES NO	YES NO
Severe Allergy ( <b>Anaphylaxis</b> )	YES NO		YES NO	YES NO	YES NO
Medical Allergies (e.g. penicillin)	YES NO		YES NO	YES NO	YES NO
Food Allergies	YES NO		YES NO	YES NO	YES NO
Other Health Need requiring IHP/EHP	YES NO		YES NO	YES NO	YES NO

**Consent**

By signing this form (below) I agree that (please tick):

- 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 of Education does not have personal accident insurance cover for students.
- I give consent for my child, \_\_\_\_\_, to participate in the visit to BIEEC and the associated activities on \_\_\_\_\_ (date).
- I will pay to the school the costs detailed above 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 of Education in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I give permission for my child to have insect repellent and sun screen applied.
- I give consent for teachers/staff involved in the visit to take appropriate disciplinary action and agree to pay any additional costs incurred as well as for any deliberate damage caused by my child.
- I give consent for my child to travel in a government/centre vehicle (if required)

Parent/Carer Name: \_\_\_\_\_ (Please Print)

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Note: If the Individual is under 18 years of age, the Signatory must be a parent or guardian of the Individual/Participant. The Individual/Participant must also sign if he or she is under 18 and able to give and understand the consent. If the Individual/Participant is 18 or older, the Signatory and the Individual/Participant will be the same person.*