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|  | **Activity consent form - Kinchant Outdoor Education Centre****HIGH RISK ROPE ACTIVITIES****HIGH RISK WATER ACTIVITIES** |

Dear Parent/Carer

On <insert date(s)>, students will be able to participate in <High Risk Rope Activities> <and> <High Risk Water Activities> as a part of our school camp.

The aim of the activities is to promote personal development through the accepting of challenge. They will also assist interpersonal development in that students, under direct supervision, will be assisting with the maintenance of a high standard of safety for fellow students as they participate.

Activity details:

The following activities will be conducted at the Kinchant Outdoor Education Centre (the Centre), which is part of the Department of Education (Queensland). The activities will be directly supervised by Teachers from the Centre. Further information about the Centre is available at [https:/kinchantoec.eq.edu.au/about-us](https://kinchantoec.eq.edu.au/about-us).

**HIGH RISK ROPE ACTIITIES**

The High Risk Rope Activities will include –

* <Abseiling – student use ropes to descend from a platform set at heights of 5 to 10 metres depending on age level and ability>
* Climbing Wall – students try to reach the top of different climbs on the 5 metre side or the 10 metre side of a climbing tower depending on confidence and ability
* Flying Fox – students ride a 100 metre long zip line while strapped to a safety harness.
* High Ropes – students rely on teammates for support safety and encouragement while they attempt to traverse several different high rope elements some 9 metres in the air.
* Giant Swing – students take turns to hoist each other to the top of a 20 metre high pole before pulling their own release cord to begin their freefall into the giant swing.
* Team Tower – students design and construct a tower made entirely out of milk crates to see how high they can build it with one of their team members on top.
* High Challenge – students rely on teammates for support and safety as they try difficult challenges about 8 metres in the air.>

Harnesses, helmets and safety ropes are utilised for these activities (in addition to the abseiling rope which is controlled by your son/daughter/ward).

HIGH RISK WATER ACTIVITIES

The High Risk Water Activities will include –

* <biscuiting – students are towed behind a safety boat on a ski tube – studnets ride ingroups of 3.
* Wind Surfing – studnets are given instruction on basic windsurfing safety and skills before being given time on the water to develop their windsurfing skills.
* Canoeing – students are taught basic canoe strokes and safety skills before participating in some canoe based challenges/games.
* Kayaking – students are taught basic kayak strokes and safety skills before participating in some kayak based challenges/games.>

Personal Floatation Devices (PFDs) will be provided and must be used by any student participating in these activities.

A specific safety brief is conducted prior to each activity that will cover safety in general, equipment, behaviour, location, terminology and technique. The activities do, however, carry an inherent risk of physical injury occurring.

If you wish for your child to participate in the activitie, please complete this consent form and return all pages including this page to: <insert co-ordinators name>

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|  | **Activity consent form – High Risk Rope/ Water Activities** |

<Insert name of school’s contact and contact details>

<Detailed request for parent supervisors here if required>

The completed form will be provided to the Department of Education and a copy will be retained by the school.

For further information about the activities, please contact <name of contact at school> on <insert telephone number and email>.

Yours sincerely

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**<School Principal’s name>** < **Teacher’s/Coordinator’s name>**

Principal <Teacher/Coordinator’s position>

<Name of school> <Name of school>

***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 activities;*

 *- help coordinate the activities;*

 *- respond to any injury or medical condition that may arise during, or as a result of the activities.*

*The information will be shared with your child’s school, but will not otherwise 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 (the Department) 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 activities, 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 these activities.

**Consent**

By signing this form I agree that:

* I have read all of the information contained in this form in relation to the activities (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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ <insert child’s name> in \_\_\_\_\_\_\_\_ <insert group/class details>, to participate in the <insert relevant activities - <High Risk Rope Activities> <and> <High Risk Water Activities> outlined above on <insert date(s) of activities>.
* In the event of an accident or illness, staff of the school and the Department 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 with all relevant details of my child’s medical or physical needs and give consent for the school and the Department to share with each other information about my child for the purpose of my child’s participation in the activities.

Parent/Carer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print)

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_

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|  | **Additional Medical Information** |  |

**Please give full details of any new or updated medical information which may affect your child’s full participation in the activities described in the form.**

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**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.:\_\_\_\_\_\_\_\_\_\_\_\_\_**