

Wellington Point

STATE HIGH SCHOOL



ACTIVITY CONSENT FORM – ROCK CLIMBING WALL - VIBE

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.

The information will only be accessed by authorised departmental staff. 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.

Dear Parent and Carers

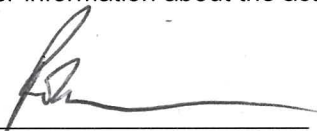
This year at Vibe, we are very excited to offer students the opportunity to do some harnessed rock climbing on a portable rock climbing wall. Students will need parent permission to participate.



Rock Climbing Wall - Vibe

Date	Friday 6 th June 2025 – available between 2.40pm and 5.30pm
Activity	Rock climbing wall – provided by Base Zero Rock Climbing – certified supervisor and teacher supervisor; safety harnesses and ropes provided. Head to their website for more information: https://www.basezero.com.au/fetes--festivals-and-fundraisers.html Safety certificate and risk assessment can be found on the school's website under 'Vibe'.
Location	Wellington Point SHS bottom oval (near MPS)
Cost	\$5 or one Vibe Fiver for a climb
Dress	Shorts / jeans / pants + closed in shoes (sneakers/runners) Or sports uniform
Permission form – due date	Please complete and return the permission note below as soon as possible; or bring it to Vibe and hand it in to the teacher in charge when you go to do the climb. Hard copies will also be available at the event, but if parents aren't in attendance it MUST be completed ahead of time. Students won't be able to participate without parent permission provided.

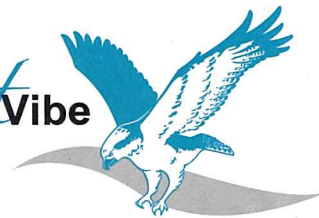
For further information about the activity, please contact Jaye McElhinney on 38204222 or jmcel18@eq.edu.au.


Dr Robyn Burton-Ree
Principal


Jaye McElhinney
HOD The Arts

Activity consent form – Rock Climbing Wall -Vibe

STATE HIGH SCHOOL



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.

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**