



Wednesday, 27<sup>th</sup> June 2018

Dear Parent/Guardian,

On Thursday, 20<sup>th</sup> September 2018 (Term 3, Week 10), your student is invited to attend the Year 10 Semi-Formal to welcome in the final two years of schooling. The aim of this activity is to provide a wonderful opportunity for the students to develop their social skills, network in a social setting and enjoy a fun filled night of music and dancing.

**Activity details:**

<b>Excursion Title:</b>	Year 10 Semi-Formal
<b>Supervising Teacher(s):</b>	Ashleigh Black plus 1 additional teacher per every 16 students
<b>Location:</b>	Southport Sharks
<b>Date(s):</b>	Thursday, 20 <sup>th</sup> September 2018
<b>Time:</b>	6.15pm arrival for a 6.30pm start, 9.30pm finish.
<b>Transport Details:</b>	Students to provide their own transport to and from the event.
<b>Dress Code:</b>	Students must wear semi-formal attire (dresses must not be shorter than mid-thigh, no jeans, shorts, singlets or thongs).
<b>Meal Requirement:</b>	Students will be provided with a hot and cold buffet and a soft drink package.
<b>Activities:</b>	Photographer and DJ from 6.30pm-9.30pm.
<b>Activity Cost:</b>	\$75.00 per person. The full amount must be paid prior to Thursday, 6 <sup>th</sup> September 2018. This payment is strictly non-refundable.
<b>Student Resource Scheme:</b>	As per the Student Resource Scheme, the third instalment balance of all fees is due 30 <sup>th</sup> June, 2018 (inclusive of all outstanding school fees). Therefore, to attend this extra- curricular event, school fees must be paid in full or on a registered payment plan with the finance office. Payments for this event and school fees must be complete and honoured by 7 <sup>th</sup> September, 2018.

Please read below terms and conditions regarding participation in this event.

Members of our school community have defined policies and procedures that all students must adhere to at all times. Four values govern our school: Teaching and Learning, Ourselves, Responsible Relationships and Our Community. Attendance at the Year 10 Semi-Formal is dependant on students abiding by Southport State High Independent Public School's policies and procedures as outlined on the school website <https://southportshs.eq.edu.au/Ourschool/Rulesandpolicies/Pages/default.aspx> . With regards to policies and procedures (below), **if your student has any major breach resulting in suspension from now until the event, they will be unable to attend.**



**Southport State High**  
INDEPENDENT PUBLIC SCHOOL

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office@southportshs.eq.edu.au

P (07) 5509 1222 F (07) 5509 1200

[southportshs.eq.edu.au](http://southportshs.eq.edu.au)

- Uniform Policy (no uniform breaches)
- Assessment Policy (all draft and final assessments submitted by the due date, A-C grades for effort and behavior on semester report)
- Attendance Policy (minimum attendance standard with all absences explained)
- Appropriate Use of Mobile Telephones and other Electronic Equipment by Students
- Information Technology Agreement
- The School's Responsible Code of Behaviour (please see attached contract regarding school disciplinary absences)
- School Resource Hire Scheme (school fees are up to date and/or an active payment plan is in place)
- Consent to use Copyright Material, Image, Recording or Name
- Complaints Management Policy

If you wish for your child to participate in the activity, please complete this consent and medical form and return all pages (not including this page) to Miss Ashleigh Black by Thursday, 6<sup>th</sup> September 2018. Please make payment to the finance window.

For further information about the activity, please contact April Daley on telephone (07) 5509 1222 or email [adale76@eq.edu.au](mailto:adale76@eq.edu.au)

Yours sincerely,

Nigel Hughes  
Principal  
Southport State High

Tom Sullivan  
Deputy Principal – Senior School  
Southport State High

**Privacy Notice**

The Department of Education and Training (DET) 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 s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

**Activity Risks & Insurance**

Please note that the Department of Education and Training 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.

**Consent**

By signing this form (below) I agree that:

- 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 and Training does not have personal accident insurance cover for students.
- I give consent for my child, \_\_\_\_\_ <insert child's name> in class \_\_\_\_\_ < insert class details>, to participate in the <insert name of activity> activity on <insert date of activity>.
- 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 and Training 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 have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

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

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2018

# Southport State High School

## STUDENT MEDICAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Roll Class: \_\_\_\_\_ Year Level: \_\_\_\_\_

In case of emergency - Home Phone Number: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_

If parent unavailable, emergency contact name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

PROBLEMS			DETAILS
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food Drug Ointments Other	YES / NO	
DIABETES		YES / NO	
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	
PHOBIAS		YES / NO	
BACK, BONE, JOINT PROBLEMS		YES / NO	
OTHER (including allergies)		YES / NO	

Date of last Tetanus booster: \_\_\_\_\_

Medication currently being taken: Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions.

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Please give details of any **problems - medical or physical** - which would limit your student's full participation in any activity, including any food restrictions.

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### Medical insurance details of Medicare Cardholders

Name: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Additional Health Insurance: YES / NO

Parent Signature: \_\_\_\_\_

Independent Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement:** The Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be used or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.