



DALBY STATE HIGH SCHOOL BUNYA CAMPUS EQUINE PROGRAMME CONSENT FORM

STUDENT'S NAME: _____

STUDENT'S DOB: _____

POSTAL ADDRESS: _____

PHONE NO. & EMAIL: _____

RESIDENTIAL STUDENT: YES / NO (please circle)

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

I give consent for me/my child to participate in the Equine Programme

I/My child will be (please tick one)

Agisting their own horse

Using a Bunya Campus Horse for all lessons

I have read all of the information contained in the *Equine Handbook* in relation to the activity and I am aware that the Department of Education, Training and Employment **does not** have personal accident insurance cover

In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.

I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child's behalf.

Initial

Relevant Medical Information:

Please give full details of any medical conditions (including asthma / allergies, etc) which may affect your child's full participation in the activity described in the form.

Name of child's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

Private Health Insurance Company (if any): _____ Membership No.: _____

Emergency Contact 1

Name: _____ Relationship: _____

Mobile: _____ Home: _____

Emergency Contact 2

Name: _____ Relationship: _____

Mobile: _____ Home: _____

Privacy Notice

The Department of Education, Training and Employment 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

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, 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.

PARENT / GUARDIAN SIGNATURE: _____

PARENT / GUARDIAN NAME: _____

DATE: ____/____/____