



**BRACKEN RIDGE**  
STATE HIGH SCHOOL  
**Activity Consent Form – Homework Club 2024**

29 January 2024

Dear Parent/Carer

This year, we will be running afternoon homework sessions as part of our Homework Club. The club allows students to complete homework and assessment in a quiet and well resourced space. The club does not provide private tutoring however at times teachers may drop in to assist students. The club is staffed by experienced teacher aides who assist students with organization, understanding of assessment tasks and research skills. The club does not operate every week of the school year so it is important students read daily notices and parents can keep up to date through the school Facebook site and newsletters.

The aims of the club is to allow all students to be able to complete work and stay on track with their studies.

**Activity Details**

Date:	Monday, Wednesday and Thursday (check term timetable)
Venue:	Resource Centre
Time:	3pm – 5pm (students may leave at any time)
Transport:	Students arrange own transport home
Dress code:	School uniform (sport or formal)
Items to bring:	Students must have necessary materials to complete homework/assessment
Staff involvement:	2 x teacher aides will be present at each session
Etiquette:	Student Code of Conduct (students playing games of laptop or who present with no work will be signed out of the session.)
Risk Assessment Level:	Low
Activity Costs:	Nil cost

If you wish for your child/student to participate in the activity, please complete the attached consent form and return all pages to the Resource Centre.

For further information about the activity, please contact Mrs Linda Rooney on 07 38697222 or [lroon5@eq.edu.au](mailto:lroon5@eq.edu.au).

Yours sincerely

  
Mrs Michelle Lyons

Principal

  
Mrs Linda Rooney

HoD Middle School



# BRACKEN RIDGE STATE HIGH SCHOOL

## Activity Consent Form – Homework Club Mrs Rooney

### Privacy Notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain consent for your child/student to participate in the activity;
- help coordinate the activity/excursion;
- respond to any injury or medical condition that may arise during, or as a result of the activity/excursion; and
- update school records where necessary.

*This 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.*

### Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer 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 that:

- I have read all of the information contained in this form in relation to the excursion (including any attached material).
- I am aware that the department does not have personal accident insurance cover for children/students.
- I give consent for the named child/student, \_\_\_\_\_ <insert child's/student's name> in form class \_\_\_\_\_ to participate in the Homework Club activity during 2024.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion 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 child/student contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions.

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for the duration of this excursion	Name:		
	Phone number/s:		

### Additional medical information <DELETE THIS SECTION IF USING THE STUDENT HEALTH INFORMATION - EXCURSIONS FORM

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 excursion/activity described in the form.

### 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.: \_\_\_\_\_

I would like this additional information about my child's medical information to be recorded in OneSchool records.

\*Students aged 17 or older, independent, mature minors or 18 years of age may provide their Address, consent and be responsible for all related costs.

Postal Address: PO Box 204 Sandgate Qld 4017 Website: www.brackenridgeshs.eq.edu.au ABN: 92 9079 959 50

