



# THE WILLOWS STATE SCHOOL

*Excellence is the Standard*

9 February 2022

Dear Parent/Carer

On Thursday 3<sup>rd</sup> March and Friday 4<sup>th</sup> March our Year 5 students (and Year 6 students in 5/6F EVA) will be visited by **Hands on Wildlife**. Our Science unit for this term investigates the structural features and behavioural adaptations of animals. An animal handler from **Hands on Wildlife** will focus on structural features and behavioural adaptations of different animals including two geckos living in different environments. This activity has been assessed as being low risk.

Activity details:

**Date:**

Thursday March 3<sup>rd</sup> – 5C AND, 5D LES, 5E TER

Friday March 4<sup>th</sup> – 5A KRO, 5B CRO, 5/6F EVA

**What students will be doing:**

- The animal handler will bring several animals and discuss the physical and behavioural adaptations of these animals
- The animals will include a knob tail gecko and a left tail gecko
- The animals may include: spinifex hopping mouse, squirrel glider, blue tongue lizard, shingle back lizard and crocodile
- Students will have the opportunity to handle animals under supervision
- Students use text and diagrams to make notes/complete activity focussed on the two lizards which live in different environments
- The animal handler will answer student questions

**Cost:**    \$10

Invoices for \$10 will be issued by the school. Please complete the attached consent and medical forms and hand to the school office, with payment, by Friday 25<sup>th</sup> February.

For further information about the activity, please contact Patricia Winter on [admin@thewillowsss.eq.edu.au](mailto:admin@thewillowsss.eq.edu.au), or phone the school on 4799 1333.

Yours sincerely

Michelle Donn  
A/Principal

Patricia Winter  
Deputy Principal



07 4799 1333 Administration



Bilberry Street, Kirwan, Qld 4817



PO Box 563, Thuringowa Central, Qld 4817



[admin@thewillowsss.eq.edu.au](mailto:admin@thewillowsss.eq.edu.au)



# Activity Consent Form – Hands on Wildlife - Term 1 2022

## **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.

Where applicable, the information is being collected in accordance with section 102 of the Education and Care Services National Regulations and the Education and Care Services Regulation 2013 (Qld).

The information will only be accessed by authorised departmental staff and stored securely. The information will be dealt with in accordance with the confidentiality requirements of, as applicable, section 426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cth). 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**

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 my child/student, \_\_\_\_\_ 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.

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## **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.