



Activity Consent Form

Sandgate District State High School Open Rehearsal Experience 2025

Dear Parent/Guardians,

Student Name	
Instrument	

Sandgate District State High School is holding Open Rehearsal Experiences for advancing instrumental music students in year 5-6 to experience playing in a large ensemble setting with more advanced high school musicians. It is intended to be an extension experience from the wonderful work that is already being done in the primary school instrumental music program.

You have been given this letter as your instrumental music teacher believes your musician would be suitable for this extension instrumental music experience. It is requested that your musician attend the following open rehearsal experience (teacher to tick):

Term 2			
	Tuesday 27 May 2025	3:15pm-4:15pm	Symphonic Wind Ensemble Open Rehearsal
	Thursday 29 May 2025	3:15pm-4:15pm	String Ensemble Open Rehearsal
Term 3			
	Tuesday 26 August 2025	3:15pm-4:15pm	Symphonic Wind Ensemble Open Rehearsal
	Thursday 28 August 2025	3:15pm-4:15pm	String Ensemble Open Rehearsal

Important Information:

- **Location:** Sandgate District State High School **Centre for Creative Industries (Q Block)**, 41 Braun Street, Deagon Qld 4017 enter via Depot Road Service Road (entrance to the service road is located opposite the Taoist Church drive way). Parking is available near our school sports hall located alongside the venue.
- **Activity Cost:** Free
- Parent/Guardians are responsible for dropping off and picking up their musician.
- Sheet music will be handed out to play on the day.
- Bring your instrument, a **fold up music stand** and a water bottle, student medical action plans (if applicable).

We hope that your musician will enjoy this extension instrumental music experience. For further information please contact Ross Crear, Head Department (The Arts) via email instrumentalmusic@sandgatedistrictshs.eq.edu.au

If you would like your child/student to participate in the activity, please complete the attached consent form and return via email to: instrumentalmusic@sandgatedistrictshs.eq.edu.au

Yours sincerely,

Ross Crear
Head of Department (The Arts)

Andy Stergou
Principal

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**Meet
Here**



Parents/Guardians : Please return the activity consent form (page 3-5) to your school or scan and email to instrumentalmusic@sandgatedistrictshs.eq.edu.au prior to the event.

Office Staff: Please scan and email this to: instrumentalmusic@sandgatedistrictshs.eq.edu.au

Activity Consent Form Sandgate District State High School Open Rehearsal Experience 2025

Student Name	
Instrument	
Primary School	

Please tick dates you will be attending:

Term 2			
<input type="checkbox"/>	Tuesday 27 May 2025	3:15pm-4:15pm	Symphonic Wind Ensemble Open Rehearsal
<input type="checkbox"/>	Thursday 29 May 2025	3:15pm-4:15pm	String Ensemble Open Rehearsal
Term 3			
<input type="checkbox"/>	Tuesday 26 August 2025	3:15pm-4:15pm	Symphonic Wind Ensemble Open Rehearsal
<input type="checkbox"/>	Thursday 28 August 2025	3:15pm-4:15pm	String Ensemble Open Rehearsal

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 to all the following statements:

- 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> to participate in the identified excursion.
- 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:		

Student health information - excursions

This form is to provide school staff organising excursions, camps or other off-site school activities with confidential health information about a student which may affect their full participation in the activity.

Privacy Statement

The Department of Education is collecting this personal information in order to support the health needs of the named student during the excursion identified below. The information will only be used by authorised employees of the department. The information will not be given to any other person or agency unless we have your consent, or we are required by law to do so.

Excursion: Sandgate District State High School Open Rehearsal Experience 2025

1: Student & parent/carer details			
Student name			
Student date of birth		Year level	
Medicare number			
Private Health Insurance Fund name		Membership number	
Medical practitioner name		Contact phone number	

2: Health conditions		
2.1. Does the student have any health conditions that the school has not been previously advised of?	<input type="checkbox"/> Yes (go to 2.2)	<input type="checkbox"/> No (go to 2.4)
2.2. Indicate the student's health condition/s: <input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other: _____ Contact the student's teacher/activity coordinator as soon as possible to plan for any support or reasonable adjustments required to manage the student's health condition. For example, if the student requires medication or if they require additional overnight support e.g. catheterisation, gastrostomy, blood glucose testing.		
2.3 Does your child require a medical action plan?	<input type="checkbox"/> Yes (if yes, please attach a copy of the plan)	<input type="checkbox"/> No
2.4. Does the student have any current or previous injuries that may affect their participation that the school has not been previously advised of?	<input type="checkbox"/> Yes (go to 2.5)	<input type="checkbox"/> No (go to 3)
2.5. Describe the injury: 		

3: Medication requirements		
3.1 Will the student require medication during this excursion?	<input type="checkbox"/> Yes (<i>go to 3.2</i>)	<input type="checkbox"/> No (<i>go to 4</i>)
3.2 Does the student require staff to administer their medication?	<input type="checkbox"/> Yes (<i>go to 3.4</i>)	<input type="checkbox"/> No (<i>go to 3.3</i>)
3.3 Does the student have approval to self-administer their medication at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4 Does the medication require special storage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.5 Does your child require a medical action plan?	<input type="checkbox"/> Yes (if yes, please attach a copy of the plan)	<input type="checkbox"/> No
<p>If the answer was YES to any of the questions above:</p> <ul style="list-style-type: none"> complete and attach a Consent to administer medication form and any relevant advice from the health practitioner e.g. <u>action plan</u>, letter, medication order contact the student's teacher/activity coordinator as soon as possible to ensure that the student's medication needs can be supported. 		
4: Media Release		
Do you give permission for your child's image to be used for promotional purposes of this event via Sandgate District SHS social media/newsletter (no names will be used)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5: Declaration			
I have reviewed the information provided in this form and confirm that this information is accurate.			
Name of parent/carer/student*			
Signature		Date:	

* Students who are independent, mature-age or over 18 years of age, may complete this declaration themselves.