

Treat



Dear Parents and Carers,

As part of our Positive Behaviour for Learning strategy, students may at times receive ice blocks or treat rewards to acknowledge their commitment to learning in class and submission of their learning tasks by the due date. Students' continued commitment to demonstrating the School's Values and Expectations in the classroom may also be celebrated with a classroom party at the end of a term or year. During a classroom party, students may have the opportunity to consume closely monitored amounts of any of the following: pizza, lollies, chocolates, cupcakes, biscuits, cut up fruit or fruit juice.

Please note there is no cost for any of the above activities.

If you wish for your child to participate in the Positive Behaviour for Learning Strategy – Treat Reward please complete this consent form, notifying of any dietary requirements, and return the consent page to the school office reception as soon as possible.

For further information about the activity, please contact Elena Finlay on efinl9@eq.edu.au

Kindest regards,

Maja Bogicevic
Principal
Leichhardt State School

Elena Finlay
Deputy Principal – Teaching and Learning



Positive Behaviour for Learning Strategy – Treat Reward

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 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 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 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 children/students.

- I give consent for the named child/student, _____, Year _____ 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.
- 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 activity 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 activity.	Name:		
	Phone number/s:		

My child, _____ in class _____ has the following dietary restrictions:

Parent/Carer Name: _____

Parent/Carer Signature : _____

Date : _____