# Rochedale State High School

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## Activity consent form – Homework Centre 2026

***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 excursion;*
- *help coordinate the excursion;*
- *respond to any injury or medical condition that may arise during or as a result of the excursion; 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.*

On Tuesday **3 February 2026**, we will be recommencing the Homework Centre as part of our student services and support program.

The aim of the Homework Centre is to provide families with the option of supporting their child's learning, through after-school supervision by teacher aides.

Activity details:

Date: Tuesday, Wednesday and Thursday, commencing Week 2, Term 1, 2026 (individual bookings are required for every session)
Time: 3.00pm – 4.00pm
Venue: Rochedale SHS Hub (N Block)
Supervision: Rochedale SHS teacher aides.

Activity costs: There is no fee for this service, however bookings are essential.

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages (including this page) to homeworkcentre@rochedaleshs.eq.edu.au .
Completion of this consent form provides consent for all Homework Centre bookings made in 2026.

Details including the booking process are located at https://rochedaleshs.eq.edu.au/support-and-resources/student-services-and-support-programs/homework-centre

For further information about the activity, please contact Jason Reeves on jreev73@eq.edu.au

**Elena Itsikson**
Principal
Rochedale State High School

Jason Reeves
Head of Department - Student Wellbeing

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**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.

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|---|---|---|---|
| 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**
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 described in the form.

_____
_____
_____

**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.:_____

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**