

## School Activity Consent for Winnie our Wellbeing Dog



This form is required for your child to interact with our wellbeing dog, Winnie. Winnie is a King Charles Cavalier and she spends her days in and out of classrooms and in the playground to offer support to students and staff. Students might pat Winnie, walk her on lead, sit with her or even read to her and older students might take her for a toilet walk. All students are shown how to interact with Winnie in a safe and respectful way.

Student Names - \_\_\_\_\_

The below points indicate your agreement/consent. Please sign below.

- I have read all of the information contained in this form in relation to my child/ren interacting with the school's wellbeing dog (including any attached material) and I am aware that the Department of Education, Training and Employment does not have personal accident insurance cover for students.
- I give consent for my child/ren (named above) to interact responsibly and safely with the school wellbeing dog.
- In the unlikely event of an accident or incident with the school Wellbeing Dog, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.
- I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: \_\_\_\_\_ (Please Print)

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Additional medical information**

The school collected medical information about your child at enrolment. This information is stored in OneSchool. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

\_\_\_\_\_  
\_\_\_\_\_

### **You may also wish to provide the following information\*:**

Name of child's medical practitioner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Private Health Insurance Company (if provided): \_\_\_\_\_ Membership No.: \_\_\_\_\_

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

#### **Privacy Notice**

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

- obtain lawful consent for your child 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 school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

#### **Activity Risks & Insurance**

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carers. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.