**Department of Education**

**Proforma amusement rides, attractions and fireworks activities Parent/Carer consent form**

**[Text highlighted in green is instructional only and should be deleted from the final document]**

# Parent/Carer Consent for activities involving amusement rides/attractions/fireworks [delete as applicable] on school sites

This consent form is to be used for activities involving amusement rides, attractions and fireworks conducted on school sites where the activity is limited to enrolled students only and parents or carers are not present to supervise their children. This consent form is not required for activities on school sites outside school hours involving general members of the public or the broader school community (such as a school fete or school celebration involving parents) as parents and carers are responsible for the care and supervision of students at such events.

To obtain effective consent, schools need to provide sufficient information to parents about the nature of and risks associated with the activity. Parents must be able to give informed consent to their child’s participation in the activity after considering the risks. Specific information about the activity should be included here or provided as an attachment. There must be full disclosure. Parents should also be given the opportunity to ask questions.

For school council approved activities, a risk assessment must be completed and submitted to the school council as part of the approval process, as per the Amusement rides, attractions and fireworks policy and procedure.

**Name of school:**

**Title of activity:**

**Details of the activity:**

Outline the activity including details of any amusement rides or attractions

**Details of supervising staff/third-party operators:**

Name all staff, third-party operators and indicate who the teacher-in-charge is.

**Costs:**

The cost of the activity is $xx per student.

Payment is to be received by DD/MM/YYYY to secure your child’s attendance at this activity.

For a confidential discussion about financial support options, or if you would like to discuss alternative payment arrangements, please contact: [schools nominated parent payment contact person]

Ph: 03 *[phone number]* | Email: *[email address]*

**Refunds:**[NOTE: please ensure the following content is consistent with any other information the school has on refunds, such as your Parent Payment Arrangements]Suggested: Where a student is unable to attend any or all of the activity, parent requests for refunds will be determined on a case-by-case basis, taking into consideration whether or not a non-refundable cost has already been incurred by the school, the department’s Parent Payment Policy, Financial Help for Families Policy and any other relevant information.

**Name and contact details of the 24-hour school emergency contact:**

This is for parents who need to contact students during the program. You can list more than one contact.

**Activity time and date:**

Include the time and date of the activity.

**Distance from expert medical care:**

How far the students will be away from expert medical care (eg. hospital or ambulance)?

**This activity / these activities present the potential for students to sustain physical injury. Please ensure your child’s medical information is up to date with the school prior to this activity taking place, and contact [insert relevant school contact] to provide updated information if required.**

**The following procedures will be implemented – along with other strategies – to manage the potential risks.**

**Risk management and planning (both by the school and the third-party operator) has been undertaken for this activity and relevant documents are available for parents to review on request.**

**Student behaviour**

‘I understand that in the event of my child’s misbehaviour or behaviour that poses a danger to themself or others during the activity, they may be excluded from the activity and/ or other consequences in accordance with relevant school policies.’

**Cancellations or Alterations**

‘I understand that the principal may need to cancel or alter activity arrangements at short notice, for safety reasons or due to circumstances beyond the control of the school, and while the principal will try to minimise inconvenience or financial losses to parents, these may be unavoidable.’

**Student accident insurance and ambulance cover**

The Department of Education does not provide student accident insurance or ambulance cover. Parents may wish to obtain student accident insurance from a commercial insurer and/or ambulance cover, depending on their health insurance arrangements and any other personal considerations.

Parent/Carer\* consent

I have read all of the above information provided by the school in relation to the [insert activity name here], including any attached material.

I give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) to attend.

Parent/carer\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_ (date)

In case of emergency, I can be contacted on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR:

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

A student may sign this consent form if they are 18 years of age, or if they are considered to be a mature minor for the purposes of providing this consent, in accordance with the Department’s policy on [Mature Minors and Decision Making](https://www2.education.vic.gov.au/pal/mature-minors-and-decision-making/policy)