

Invitation: Oktoberfest for Teens

Oktoberfest for Teens is Queensland's largest schools language event and is, in fact, the largest German language schools event in all Australia. Organised by Paula Hay from the German Teachers' Branch, with support from Oktoberfest Brisbane, Oktoberfest for Teens sets German Language and culture alive for around 2,000 primary and secondary school students & teachers across Queensland. Learning resources, quizzes and competitions are also provided as part of the integrated learning journey for the weeks leading up to this schools' German Festival.

On Thursday, October 12, Year 7 - 12 students of German are invited to attend the Oktoberfest for Teens, an event organized for school students only (alcohol free) at the Brisbane RNA Showgrounds (opposite the Royal Brisbane Hospital). The day will run from 10am – 2pm.

If your student would like to attend this event, please complete this permission form and return it, signed by **Friday 15th September** to communityengagement@brisbanesde.eq.edu.au

Date: Thursday 12th October

Time: 10am-2pm

Venue: Brisbane Showgrounds, 600 Gregory Terrace, Bowen Hills QLD 4006

Please complete the permission form below:

	I give permission for my student to attend the Oktoberfest for Teens
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Student details:

Student name			
Emergency contact name		Contact number	

Travel arrangements:

Students will need to organise their own transport to the RNA Showgrounds. Meeting time and place with the BrisbaneSDE German teachers will be arranged closer to the event.

Cost:

Admission is approximately (TBA) \$25 (payable in CASH, on the day, NO EFTPOS). This also includes lunch, drink, a large gingerbread heart and free rides. Students may wish to bring extra money as there will be a range of stalls selling food, drinks and German items and souvenirs.

Students may wear their school uniform or dress in 'German' costume, in the spirit of Oktoberfest

Parent/carer name			
Signature		Date:	/ /

Please complete all forms by **Friday 15th September** at the latest.
Please return by email to communityengagement@brisbanesde.eq.edu.au

Student Activity Consent Form

Student Name		Year level		DOB	
Activity Name				Activity Date	

Dear Parent/Carer

If you wish for your child (**one form per child**) to participate in the activity, please complete this consent form and return ALL pages (see below) to: communityengagement@brisbanesde.eq.edu.au. This form must be sent prior to the activity.

For further information about the activity, please contact communityengagement@brisbanesde.eq.edu.au.

Yours Sincerely

The coordination team

Consent

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

	I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
	I give consent for my child, _____ (print child's name) in Year _____ (insert year level details), to participate in the activity detailed above.
	I will pay to the school the costs for my child to participate in the activity (if applicable).
	I give consent for my child to be photographed and filmed whilst participating in the activity (provide details and limitations on page 3 of this form).
	In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
	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 by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of any costs incurred on my child's behalf.

Parent/Carer Name					
Address				Postcode	
Contact ph		Email			
Parent/Carer signature				Date	



Student Activity Consent Form

Student medical details

The following information will assist in making sure students receive appropriate medical attention if the need arises.

Tetanus Booster	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details of any current medication
	Year received	/ /	
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any additional information, e.g. special dietary requirements
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Phobias	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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	Contact #	
Medicare #	Private Health Insurance Company (if applicable)	Membership #

- ✨ If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.
- ✨ If you require OneSchool records to be amended, please send these details to our Enrolments Team: enrolments@brisbanesde.eq.edu.au.

Privacy Notice

The Department of Education and Training (DET) 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 and Training 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/carer. 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.

Student Activity Consent Form

Consent to use student image, recording, name or personal information

Student Name

Please complete the following information as way of consent to use, record or disclose your child's copyright material, image, recording, name or personal information whilst participating in the activity.

I give consent to the use of the following information in relation to my child's name:							
<input type="checkbox"/>	Full name	<input type="checkbox"/>	First name only	<input type="checkbox"/>	No name	<input type="checkbox"/>	Other

I give consent to the use of the following materials and images of my child:							
<input type="checkbox"/>	Photography / image	<input type="checkbox"/>	Sound recording	<input type="checkbox"/>	Film / video	<input type="checkbox"/>	Copyright materials

NOTE: Image or recording includes photographs, videos and film or sound recordings of the individual.
Copyright materials includes work created by the individual e.g. Artistic, Written, Musical, Performance, Photography, Designs

I give consent to this use (as indicated above) for the following:							
<input type="checkbox"/>	Website	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Newsletter / magazine	<input type="checkbox"/>	Other

- Website: www.brisbanesde.eq.edu.au
- Facebook: www.facebook.com/BrisbaneSchoolofDistanceEducation

I give limited consent in the following way:	

I do NOT give consent to use my child's image, recording, name or personal information.	
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NOTE: if you decide not to provide consent, this will not adversely affect academic achievement, participation in the activity or any relationships with teachers at the school.

What is this consent for?

This consent form authorises the Brisbane School of Distance Education to use the individual's personal information and copyright material, together with information about the individual's participation in the activity for the purposes as indicated above. The consent covers the entire or partial use of the individual's personal information and copyright materials in conjunction with other words and images. For example, the individual's personal information and copyright material may appear in school newsletter, magazine and website (including Facebook). This consent is for the individual named above and is for use in relation to this activity only

Parent / Carer Name

Parent / Carer signature

Date

NOTE: more comprehensive information and/or a full copy of this form can be found on our website: [Publishing consent](#)