



Aboriginal and Torres Strait Islander Student Outcomes

Indigenous Programs– Permission Form

Dear Parent/Caregiver,

In support of our Aboriginal and Torres Strait Islander Students, Bremer State High School offers a range of social, academic and cultural programs. To assist in the management of these programs we ask that you identify which programs you give your child permission to be involved with.

Please fill in the permission form below and submit it to:

Indigenous Outcomes Team - Indigenous Hub (Back of U block)

For more information about the programs please contact **Ph: 3810 9313**, or email: dirrimyani@bremershshs.eq.edu.au

Kind regards,

Mrs. Jo Andrews

Deputy Principal - Indigenous Outcomes

Bremer State High School

jandr148@eq.edu.au Ph: 3810 9333

Name of Student (Full):

Form Class:

I give my child permission to be involved in the following programs run by Bremer SHS (please tick each box):

- ☐ **Indigenous Dance Troupe** (Tuesday and Thursday Minor Break)
- ☐ **Tiddas Program with Aunty Rhonda** - Woman's Business (11.30-1pm on Thursday)
- ☐ **Weaving with Aunty Linda and Miss Renee**- Woman's Business (1:30 - 2:30pm Friday Session 4)
- ☐ **Didge Program** - Mens Business (11.30-12.30pm Friday Session 3)
- ☐ **Rhema Fit** - Men's Business (1.30pm to 2.30pm Wednesday Session 3)
- ☐ **Yarning circle** – Mens Business (Time TBC)

Activity Risks & Insurance:

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 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 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.

Consent:

By signing this form (below) I give consent for my child, to participate in the activities indicated. In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor. I accept liability for all reasonable 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 those costs. I have provided the primary school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

Name of Parent/Guardian:

Parent Signature:

Date: