

30 July 2025



Creating the Future

LOWOOD
STATE HIGH SCHOOL

PO Box 138, Prospect Street, Lowood QLD 4311

Dear Parent/Carer

Lowood State High School – Year 4 and 5 Football Academy Open Day

Lowood State High School would like to offer your student the opportunity to take part in a Football Academy Open Day, on Wednesday, 17 September 2025. Your student has been identified by a staff member with attributes to potentially be a valuable member of the Football Academy in the future.

Throughout the day students will have the opportunity to participate in a full day program where they will be lead through a series of futsal and football activities and games. Students will be set individual and team challenges throughout the day.

Activity Details

Venue: Lowood State High School

Cost: Nil

Date: Wednesday, 17 September 2025

Transport: Own transport

Start: 9:00am – 3:00pm

Meeting Area: Lowood State High School Hall entrance by 8:55am

Equipment: Primary school uniform and enclosed footwear, football boots, shin pads (we can supply if necessary), hat and water bottle

Lunch: Students may bring their lunch, or teachers will assist students to pre-order at the LSHS Canteen – see attached menu

Risk Level: Medium

The 'Phones away for the Day' policy applies on all school activities and excursions. Consequences will apply to students who do not follow Lowood State High School's Mobile Phone Policy.

Please complete the attached **Activity Consent Form** and return to **Lowood State High School** by Monday, 8 September 2025.

For further information about this activity, please contact Jacob Veraart on 5427 8333 or via email on football@lowoodshs.eq.edu.au.

We look forward to your student trialing to be part of the Football Academy at Lowood State High School.

Yours sincerely

Jacob Veraart
Football Academy Coordinator

Trent Davison
HOD HPE

Corinne Roberts
Acting Principal

Activity Consent Form –Football Academy Open Day (Years 4 & 5)

Activity Details

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Risk Level: Medium

Consent Details

Student/Person's Name (in full): _____ Year Level: _____

Date of Birth: ____/____/____ Name of Parent/Carer: _____

Home Address: _____

Contact Details: Phone _____ Email _____

Student's Primary School: _____

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 activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named student to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for the student's participation in the activity.
- I agree to and understand the refund policy as it applies to this activity (see Activity costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the 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 student's medical or physical needs on registration/enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant Queensland Chief Health Officer's Directions.

Activity Consent Form – Football Academy Open Day (Year 4 & 5)

Activity Risks and Insurance

The Department of Education does not have personal accident insurance cover for students. If a 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 student. Please take this into consideration in deciding whether or not to allow the student to participate in this activity.

Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named student to participate in this 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 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.

Parent/Carer must sign here to Consent to Activity.

Parent/Carer Signature: _____ Date: ____ / ____ / ____

Additional Medical Information

The school collected medical information about your student on their enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your student's full participation in the activity described in the Parent/Carer Letter and on the Activity Consent Form.

You may also wish to provide the following optional information

Name of Student's Medical Practitioner: _____ Telephone No: _____

Medicare No: _____

Private Health Insurance Company (if applicable): _____ Membership No: _____

If you would like this additional information to be recorded in OneSchool records, please complete a Student Details Information Update Form. The Student Details Information Update Forms are available at the Office.

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

Medication requirements

Will your student require medication during this activity/camp?

Yes ☐ No ☐

Does the student require staff to administer their medication?

Yes ☐ No ☐

Does the student have approval to self-administer their medication at school?

Yes ☐ No ☐



Lowood State High School Canteen Menu



The prices are subject to change at the discretion of the P&C - Lunch Orders before 1st bell welcome

<u>HOT FOODS</u>		<u>COLD BOX</u>		<u>DRINKS</u>
BURGERS		SANDWICHES / ROLLS / WRAPS		MILK
* Chicken Burger, lettuce, mayo	\$6.00			* 300ml Flavored \$3.00
* Chicken Tender, lettuce, Kebab Sauce	\$5.00	* All Toasties	\$5.50	* 500ml Flavored \$4.50
* Hamburger (ORDERS ONLY)	\$7.50	* Ham and cheese	\$5.50	*
* Cheese Burger, lettuce, BBQ sauce	\$6.00	* Ham, cheese and tomato	\$5.50	* 500ml Plain \$3.00
* Chicken Taste, sweet chilli sauce, cheese, toasted Wrap	\$5.00	* Cheese	\$4.00	
		* Cheese and tomato	\$4.50	JUICE
		* Chicken, cheese and mayo	\$6.00	* Poppers \$2.00
GRAVY ROLLS		* Egg and lettuce	\$5.50	* 250ml \$3.00
* Chicken	\$5.00	* Salad	\$5.50	* 350ml \$4.00
		* Salad container small	\$5.50	WATER
		* Salad container large	\$6.50	* 600ml \$1.50
* Chicken Kebab	\$7.00			* 1.5lt \$2.50
		EXTRAS		* Flavored Water \$4.00
OTHER				ICE CREAMS
* Garlic Bread	\$2.50			* Various \$2.00
* Pizza (Thursday & Friday)	\$6.00			* Fruit Tube \$0.80
* Potato Pie	\$6.00	* Egg	\$0.50	FRUIT
* Meat Pie	\$6.00	* Meat	\$1.50	* Fruit tub – Watermelon or Rock melon \$4.50
* Sausage Roll	\$6.00			
* Meatball Sub	\$5.00			
* Fried Rice	\$6.00			
* Butter Chicken	\$6.00			
* Spaghetti Bolognese	\$6.00			
				Sauce portions \$0.50