

6 August 2025



Creating the Future

LOWOOD
STATE HIGH SCHOOL

PO Box 138, Prospect Street, Lowood QLD 4311

Dear Parent/Carer

Year 5 and 6 Science Experience Day

On **Wednesday, 9 September 2026**, we are inviting Year 5 and 6 students from the local primary schools to attend Lowood State High School for a Science Experience Day.

The aim of the day is for students who have a keen interest in Science to explore some aspects of High School Science. We will be focussing on Investigations and there will be plenty of hands on activities with an opportunity to use some high school science equipment. The program will be different to last year.

This day of excellence will enable students to engage in at least three of our PERMAH Pillars:

- P – Positive Emotion** – spending time with students from other schools and doing activities that they will enjoy
- E – Positive Engagement** – opportunities to engage in activities that they will enjoy and that will require the use of their strengths and skills
- R – Positive Relationships** – making new friends and celebrating their achievements from the day

Activity Details

Venue: Lowood State High School
Cost: Nil
Dates: Wednesday, 9 September 2026
Start: 8:55am
Equipment: Morning tea, lunch, water bottle, pencil case, school uniform
Risk Level: Low

Please complete the attached **Activity Consent Form** and return to the **Office by 3:00pm Wednesday, 2 September 2026**. There will a limit of 24 students and confirmation will be sent by email on Friday, 4 September 2026 to confirm your student's attendance.

For further information about this activity, please contact Karen Walsh on 5427 8333 or email kmwal5@eq.edu.au.

We look forward to your student's attendance and to helping them develop their writing skills.

Yours sincerely

Karen Walsh
Maths and Science Teacher

Simon Bundy
HOD Science

Corinne Roberts
Acting Principal

Activity Consent Form – Year 5 and 6 Science Experience Day

Activity Details

Venue: Lowood State High School
Cost: Nil
Dates: Wednesday, 9 September 2026
Start: 8:55am
Equipment: Morning tea, lunch, water bottle, pencil case, school uniform with enclosed shoes
Risk Level: Low

Consent Details

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

School): _____

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

Home Address: _____

Contact Details: Phone _____ Email _____

Student mobile phone contact (in case of separation from the group) – _____

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 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/carers. Some incidental medical costs may be covered by Medicare. If the parent/carers has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carers. It is up to the parent/carers 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 ☐