



Kelvin Grove State College

The Pursuit of Excellence With All Our Might

Dear Parents and Carers,

Students in Piccolo Strings, Beginner Strings, Junior Band, Concert Band, Stage Band & Rhythm Ensemble will be participating in workshops over two days in August. These workshops are occurring prior to the Eine Kleine Konzert on Tuesday 1st August in the College Hall. It is an expectation that all students will participate in the concert.

Workshop days and times:

Date:	Session	Ensemble
Monday 31 st July	7.20am – 10.00am	Piccolo Strings
Monday 31 st July	1.00pm – 3.00pm	Beginner Strings
Tuesday 1 st August	8.50am – 11.00am	Junior (Beginner) Band
Tuesday 1 st August	12.00pm – 1.30pm	Concert Band
Tuesday 1 st August	1.50pm – 3.15pm	Stage Band
Tuesday 1 st August	2.30pm – 4.30pm	Rhythm Ensemble

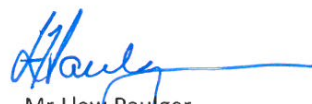
Eine Kleine Konzert:

Date: Tuesday 1st August 2017
Venue: College Hall (students are required to meet in the Music Block for directions to their warm up rooms)
Time: 6:00pm (Students arrive at 4.45pm where they will be provided with a complimentary sausage sizzle. Please ensure you child has a water bottle)
Uniform: All students are required to wear their Instrumental Music Uniform – Music Polo Shirt, Black Music Pants, Black Socks, Black Shoes
Entry Costs: Adult \$10
Child/Concession \$5
Family \$20 (2 Adults, 2 Children)
Tickets are available through [trybooking.com](https://www.trybooking.com)
<https://www.trybooking.com>


Please return forms to the Junior School Office, Middle/Senior School Music Staffroom or via email by Monday 24th July so catering can be organized.

If you have any questions regarding the Eine Kleine Konzert, please contact Lynette Hitchens-Bird on Ph. 3552 7341 or lhitch4@eq.edu.au

Regards,


Mr Llew Pauget
College Executive Principal


Mrs Lynette Hitchens-Bird
Instrumental Music Coordinator


Mrs Colleen Toohey-Jones
Head of Department

L'Estrange Terrace, Kelvin Grove Qld, 4059

Activity Consent Form – EINE KLEINE KONZERT WORKSHOP

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, Training and Employment does not have personal accident insurance cover for students.
- I give consent for my child, _____ (print child's name) in year _____ (print year level details), to participate in the activity detailed above.
- I agree to pay to the school the costs detailed above for my child's participation in the activity.
- 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 in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education, Training and Employment) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: _____ (Please Print)

Contact Phone No: _____

Parent/Carer's Signature: _____

Date: ____/____/____

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.

Allergies (any known): _____

Last tetanus injection (year): _____

Current medication or any medication regularly taken: _____

Does your child have a medical treatment plan: (Circle) YES NO

Note: If the activity is longer than 1 day in duration, please provide details of the current treatment plan via attachment.

You may also wish to provide the following information*:

Name of child's medical practitioner: _____

Telephone No.: _____

Private Health Insurance Company (if provided): _____

*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

- I would like this additional information about my child's medical and physical details to be recorded in OneSchool records.

Privacy Notice

The Department of Education, Training and Employment 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, Training and Employment 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.

Sausage Sizzle

My child _____
will / will not be participating in the complimentary sausage sizzle
prior to the Eine Kleine Konzert.

My child has the following dietary requirements –
