

JAPANESE FAREWELL DINNER

15 September 2021

Dear Parent/Caregiver

A celebratory dinner has been organised for Year 11 and 12 students studying Japanese at Daiki Japanese Restaurant.

Date of Activity: Thursday 21 October 2021
Venue: Daiki Japanese Restaurant, 99 Frank Street, Labrador.
Transport: Own transport
Cost Per Student: \$25 non-refundable (Preferred payment is Internet Banking).

Last Date for Payment: Friday 15 October 2021

Arrival Time: 5:00pm at the Restaurant
Collection Time: 7:00pm at the Restaurant
Food arrangements: Set menu
Clothing: Free dress - smart casual

Please return the attached consent form to Mrs Igarashi in F Block Staffroom, by Monday 18 October.

If you have any further questions, please do not hesitate to contact Danielle Igarashi on 5503 7893 or digar1@eq.edu.au.

Daniel Alarcon
Head of Department Humanities and LOTE

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 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.

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.

JAPANESE FAREWELL DINNER

Teacher Responsible: Danielle Igarashi

ID: 521439

Consent:

By signing this form, I agree that:

- 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 does not have personal accident insurance cover for students.
- I understand that I must have all annual school fees paid for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require.
- I understand that I am responsible for my child's transportation to and from Daiki Restaurant.
- I accept liability for all reasonable costs incurred by the Department of Education in obtaining such medical assistance or treatment and undertake to reimburse the Department of Education the full amount of those costs.
- I will pay \$25 to the school for the costs detailed in this letter for my child's participation in the activity.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment.
- I have provided relevant updated medical information to: admin@nerangshs.eq.edu.au

I give consent for my child, _____, to participate in the Japanese Farewell Dinner on Thursday 21 October 2021 at Daiki Japanese Restaurant in Labrador.

Parent/Carer Name: _____ (Please Print)

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

EXCURSION PAYMENT:

The preferred method of payment for all school activities is Internet Banking.

BSB: **064 451** Account Number: **10003546** Excursion Code: **JPF**

Payment Date: _____ Amount Paid: _____ Reference Used*: _____

*In order for the payment to be applied to the correct student, please ensure that you use the reference as follows: **First 5** letters of student's **surname + first 3** letter of student's **first name + the Excursion Code**. (e.g. if the student's name is David Collingwood, the reference would be: COLLI Dav JPF)

Please Note: An invoice for this excursion will automatically be sent to the email address you have provided to the school. All students who have been invited to participate will receive an invoice. Should your child not wish to participate, after the excursion has been completed the invoice will be removed from your account.