Excursion consent form – Junior School – Cairns Wake Park

Privacy Statement
The Department of Education is collecting the personal information in this form to:
- *obtain consent for the named child/student to participate in the excursion.*
- *help coordinate the excursion.*
- *respond to any injury or medical condition that may arise during or because of the excursion; and*
- *update school records where necessary.*

Authorised departmental staff will only access the information. 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.

On Thursday 10th of December, we will be travelling to Carins Wake Park in Smithfield as part of our end of year activities. The aims of the excursion are to celebrate the end of the school year during Week 10.

Excursion details: It is available to all students in Year 7, 8 and 9. **It is capped at 100 students.** Students will have the option to use the Cairns Wake Park facilities including: the wakeboarding activity with an overhead cable tow; Obstacle Course on the Aqua Park; swimming in the shallows of the lake; and off-water activities such as Basketball, or Table Tennis.

Activity Details:

- Thursday 10th December, departing Mossman State High School at 9:00am and returning at 2:30pm.
- Students will travel to the Cairns Wake Park in Smithfield by chartered bus from FNQ Buslines.
- Risk level of participating in "Water skiing and Wakeboarding" – High, 'Swimming in locations other than pools' – HIGH, "Transport by bus – HIGH, "Other (Aqua Park)" – High.
    - Safety briefing conducted at the commencement of all water activities.
    - Students required to demonstrate swimming competence over 25 metres prior to participating.
    - All participants are to wear a lifejacket and helmet while undertaking the Wakeboard activity.
    - All participants are to wear a lifejacket while undertaking the Obstacle Course.
    - Qualified lifeguards always present in addition to teacher supervision.
    - First aid and ice available.
- Students are required to wear sun smart clothing (they do not need to be in school uniform) and are required to wear footwear, (thongs and crocs are permitted).
- Students to bring a drink bottle, and lunch, or money for lunch from the kiosk.

Please indicate your child's swimming ability ☐ **novice** ☐ **average/fair** ☐ **confident**

Students are expected to read and adhere to our Student Code of Conduct
https://mossmanshs.eq.edu.au/SupportAndResources/FormsAndDocuments/Documents/mossmanshs-student-code-of-conduct.pdf

Excursion costs: $45.00 (P & C have donated funds to support all students to attend)

If you wish for your child/student to participate in the excursion, please complete this consent form and **return all pages (including this page)** to **the school office by Friday, 27th November 2026. This activity is capped at 100 students.** For further information about the excursion, please contact Adam Urwin on 07 4084 1333 or alurw0@eq.edu.au .

Katherine Macfarlane
Principal

Adam Urwin
Year 9 Co-ordinator

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Activity risks and insurance
The Department of Education does not have personal accident insurance cover for children/students. If a child/student is injured because 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. Medicare may cover some incidental medical costs. 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 child. Please take this into consideration in deciding whether to allow the child/student to participate in this activity.

Consent

By signing this form, I agree to all the following statements:

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

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:
Emergency contact information for the duration of this excursion	Name:		
	Phone number/s:		

Additional medical information
The school collected medical information about your child at registration/enrolment. This information is stored electronically in One School. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

_____

_____

_____

You may also wish to update/provide the following optional information:

Name of child/student's medical practitioner: _____ Telephone No.: _____

Medicare No.: _____

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

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

MEDICAL FORM

FOR SCHOOL EXCURSIONS & SPORTING EVENTS

Cairns Wake Park

This information will enable excursion organisers to provide health care for your child.
Staff will provide immediate first aid and contact an ambulance as required following the *HLS-PR-002 First Aid* policy.

STUDENT CONTACT DETAILS (Please PRINT)

STUDENT'S NAME:		**DATE OF BIRTH:**	
PARENT/S FULL NAME:		**RELATIONSHIP/S TO STUDENT:** Example: Mother	
RESIDENTAL ADDRESS:			
TELEPHONE: HOME		**DOCTOR'S NAME:**	
WORK		**DOCTOR'S PHONE:**	
MOBILE		**MEDICARE NO.:**	
EMAIL ADDRESS:			

HEALTH CONDITIONS AND OTHER INJURIES

Is your child subject to any of the following: Please tick ✓

Seizures / Epilepsy	☐	Fainting	☐
Diabetes	☐	Asthma	☐
Severe Allergies/Anaphylaxis	☐	Heart Problems (Heart Murmurs)	☐

Any Other Condition that may affect his/her safety or ability to fully participate during the activity? Yes ☐ No ☐

Any injury or condition which is likely to be aggravated by sporting competition? Yes ☐ No ☐

Please list and describe health conditions or injuries if applicable, including any recent illness

_____

_____

_____

_____

If you indicated "yes", you may be required to provide an Individual and Emergency Health Plan to the school if the school does not have a copy. Please discuss with School Administration as additional information may be required to support the management of the health issues away from school.

Is your child allergic to: **Please tick ✓**

Any Food	Yes ☐	No ☐	Details:	_____
Any Insect Stings	Yes ☐	No ☐	Details:	_____
Any Medication	Yes ☐	No ☐	Details:	_____
Other	Yes ☐	No ☐	Details:	_____

Date of last tetanus vaccination: ____/____/____

MEDICATION DETAILS

Parent/s are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications and equipment prior to the excursion/sports event. All medications will be administered according to the *HLS-PR-009 Administration of routine and emergency medication* policy.

Is your child presently taking tablets and/or other forms of prescribed medications? Yes ☐ No ☐

If "yes", please complete the **Authority to Administer Medication Form**. This form is available from the school office, or you may download a copy online at:-
http://ppr.det.qld.gov.au/education/management/Procedure%20Attachments/Administration%20of%20Medications%20in%20Schools/request.pdf .

Is your child required to wear any of the following:

Prescription Glasses	☐					
Contact Lenses	☐	Soft	☐	OR	Hard	☐
Protective Equipment	☐	Mouthguard	☐		Orthotics	☐
Prosthetics	☐					

Further information, please specify:

_____

_____

_____

OTHER INFORMATION

Please provide any other information about your child which will enable the organisers of the excursion or sporting event to provide better care for your child, such as **special dietary requirements**, blood transfusions (i.e. medical or religious reasons).

_____

_____

_____

PARENT CONSENT

I hereby give permission for my child to participate and give my consent for teachers and staff involved in the school excursion or sporting event to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact me in the event of any emergency.

_____ _____ ____/____/____

Parent's Name (Please Print) Parent's Signature Date

INSURANCE DISCLAIMER: Please be aware that when involved in activities there is an inherent risk of physical injuries occurring. Injuries may occur without any negligence on the part of the school and in such circumstances the responsibility for the injury and any associated cost will rest with you, not the school. Please take this into consideration in deciding whether or not to allow your child to participate in this activity. You may choose to obtain private insurance coverage, and the school would appreciate details of any medical/accident insurance you have in place for your child.

PRIVACY STATEMENT: The Department of Education, Training and Employment is collecting your and your child's personal information in order to assess the type of health care your child requires. The information will only be accessed by school staff. Your information will not be given to any other person or agency unless we have your consent, or we are required or authorised by law to do so.