**Mossman State High School**

*Ever Upwards – Thriving in the Heart of our Community*

# Excursion consent form – Daintree Siesta Wild Science STEM

*Privacy Statement*
*The Department of Education is collecting the personal information in this form in order 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 as a result of the excursion; 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.*

On Tuesday, 8th December, we will be travelling to Daintree Siesta in the Daintree National Park as part of our end of year activities. The aims of the excursion is to celebrate the end of the school year during Week 10 while diving into some STEM activities and workshops in the Daintree Rainforest.

Excursion details:
It is available to all students in Year 7, however **it is capped at 32 students** so will be on a first in first served basis. This is a STEM grant funded activity connecting students with the wild environment and extends on work doen in Year 7 Ecology. Students will participate in a range of engaging, hands-on environmental science activities focused on rainforest ecology, biodiversity and conservation.

Activities will include introduction to citizen science, iNaturalist and FrogID, followed by an interactive presentation exploring the history of the Daintree Rainforest, including its ancient ecosystems and fossils.

Students will rotate through practical fieldwork stations, including:

- Invasive Species and Biosecurity: Investigating invasive species, including yellow crazy ants, and their impact on native ecosystems.
- Birdlife: Identifying local rainforest birds and exploring their ecological importance.
- Wildlife Observation: Participating in a wildlife observation session using a water telescope.

Activity Details:

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| Date: | Tuesday 8th December |
| Time: | Departing Mossman State High School at 9:00am and returning at 2:45pm |
| Transport | Chartered bus from Tropic Wings. |

**MORE INFORMATION TO FOLLOW AFTER CONFIRMATION ON ATTENDANCE.**

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: $0.00

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 32 students. After the 32 seats have been filled students can go on a wait list.** Your son or daughters name will go on the list when this form is returned and completed. You will be notified if they have been waitlisted. For further information about the excursion, please contact Adam Urwin on 07 4084 1333 or alurw0@eq.edu.au.

Katherine Macfarlane
Principal

Lou Oliver
Head of Department

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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 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 child. Please take this into consideration in deciding whether or not 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 of 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 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 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.

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| 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.