



Mossman State High School

Address: 46 – 62 Front Street PO Box 178, MOSSMAN Q 4873

Phone: 07 4084 1333 | Email: info@mossmanshs.eq.edu.au | Website: mossmanshs.eq.edu.au

Excursion consent form – Dare to Dream Workshop

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 the 3rd of November, we will be hosting actors from Jute Theatre for them to run an Artists in residence workshop for our junior students as part of our Drama program.

The Theatre workshop delivered by the JUTE team will be a confidence and public speaking boosting theatre-based workshop, using improvisation skills and drama games. Additionally, they will participate in A STEM workshop on how to build a side hustle. which explores the ideas on how to turn your passions into real-world business ideas, learning the basics of launching a small project or business.

Excursion details: Your student is invited to attend these workshops following a performance by the Artist they will be removed from regular lessons in P4 in order to attend.

DATES: Monday, 3rd November
VENUE: Drama room and dance studio at Mossman State High School
DRESS: Normal School Uniform
STAFF: Lou Oliver, Janet Ross Kelly and Adam Kavanagh with industry professionals.

Students are expected to follow the Student Code of Conduct.

Excursion costs: Nil. School supported and funded.

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. For further information about the activity, please contact Lou Oliver on (07) 4084 1333.


Katherine Macfarlane
Principal


Lou Oliver
Head of Science and the Arts



Excursion consent form – Dare to Dream Workshop

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.

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 OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the excursion 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.**

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/school-excursions-procedure> to ensure you have the most current version of this document.

