



# 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](mailto:info@mossmanshs.eq.edu.au) | Website: [mossmanshs.eq.edu.au](http://mossmanshs.eq.edu.au)

## Excursion Consent Form – SMITHFIELD INTERMEDIATE BOYS VOLLEYBALL SCHOOLS CUP

### 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](#).

Your student has been selected to play at the Intermediate Boys Volleyball Schools Cup team competing at the Smithfield State High School Volleyball GALA Day as part of our Sports program. The aim of the activity is to provide students with an opportunity to participate in a more competitive Futsal environment and competitions.

### Activity Details:

- Thursday 23<sup>rd</sup> April 2026 at Smithfield State High School
- Greg Hamilton will be supervising students; however, we will need at least 1 parent to take students to Smithfield State High School
- All students must meet at Mossman State High School at 6:45am, return times will depend on the students' progress within the competition. Earliest return will be 4:00pm. Students will contact parents / guardians to confirm.
- Risk Level of participating in 'Volleyball – MEDIUM
  - Schools from across the Cairns region will be competing
  - Ice and first aid will be present, games will be played in Smithfield State High School ISC
- Students must travel in full school uniform, including enclosed black shoes
- While competing, students are expected to wear Mossman State High School sports shirt and black shorts.
- Students are encouraged to bring all their food and drinks (CAFÉ near the high school is another option depending on the draw)
- Students are expected to read and adhere to our school Responsible Behaviour Plan for Students (<https://mossmanshs.eq.edu.au/supportandresources/formsanddocuments/documents/responsible-behaviour-plan-for-students.pdf>)

Activity costs: \$6.00 (covers the nomination fee)

If you wish for your child/student to participate in the activity, please complete this consent form and payment and return all pages to **the school office by Wednesday 25<sup>th</sup> March 2026**.

For further information about the activity, please contact Tracy Butland on 4084 1333 or [tbutl59@eq.edu.au](mailto:tbutl59@eq.edu.au) should you require further information.

**Katherine Macfarlane**  
Principal

**Tracy Butland**  
Head of Department – HPE / Sport



## Excursion consent form – SMITHFIELD INTERMEDIATE BOYS VOLLEYBALL SCHOOLS CUP

**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:		

**Please tick relevant box regarding transport:**

	My son will require transport with one of the parents - please complete 'Private Transport Consent Form'
	I can transport my son and _____ other students - please complete 'Offer to Transport Children / Students in a private vehicle form'

**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.**



# MEDICAL FORM

## FOR SCHOOL EXCURSIONS & SPORTING EVENTS SMITHFIELD INTERMEDIATE VOLLEYBALL SCHOOLS CUP

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	
RESIDENTIAL 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          | <input type="checkbox"/> | Fainting                       | <input type="checkbox"/> |
| Diabetes                     | <input type="checkbox"/> | Asthma                         | <input type="checkbox"/> |
| Severe Allergies/Anaphylaxis | <input type="checkbox"/> | Heart Problems (Heart Murmurs) | <input type="checkbox"/> |

- 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 | <input type="checkbox"/> | No | <input type="checkbox"/> | Details: _____ |
| Any Insect Stings | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Details: _____ |
| Any Medication    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Details: _____ |
| Other             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 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	<input type="checkbox"/>					
Contact Lenses	<input type="checkbox"/>	Soft	<input type="checkbox"/>	OR	Hard	<input type="checkbox"/>
Protective Equipment	<input type="checkbox"/>	Mouthguard	<input type="checkbox"/>		Orthotics	<input type="checkbox"/>
Prosthetics	<input type="checkbox"/>					

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.

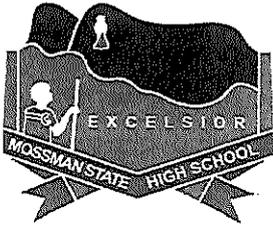
\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
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.



# Private Transport Consent Form

This form records consent for a child/student to travel in a private vehicle to a specific external activity. Where private transport is to be utilised, the school will ensure that any person who provides that transport is the holder of a current driver's licence and that the vehicle they drive is registered. If the driver is not a parent of a child at the kindergarten learning program/school or teacher from the program/school, the school will also ensure that the person holds a Blue Card.

## Privacy Statement

The school is collecting information about you and your child in order to obtain consent for the transportation of your child by private vehicle for the purpose of a kindergarten or school excursion. The information in this form may be given to drivers who will be transporting your child/ren in their vehicle. Your information will not be given to any other person or agency unless the program/school has obtained your consent, or the disclosure is required or authorised by law.

## Activity Risks And Insurance

Please note that the Department of Education does not have personal accident insurance cover for children/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.

## Consent

I hereby give permission for \_\_\_\_\_ in the Intermediate Boys Volleyball Schools Cup to travel by private transport from Mossman State High School to and from Smithfield State High School on Thursday 23<sup>rd</sup> April 2026.

I give consent for my child to travel by transport with Greg Hamilton and/or another approved parent, if needed.

I understand that the driver listed will provide supervision for my child and a school staff member may not be present during travel.

\_\_\_\_\_  
Parent/Carer name

\_\_\_\_\_  
Parent/Carer signature

\_\_\_/\_\_\_/\_\_\_  
Date

