



Mossman State High School

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

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Excursion Consent Form – SMITHFIELD JUNIOR GIRLS 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 Junior Girls 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 9th October 2025 at Smithfield State High School
- Tracy Butland will be able to take some students in her car, however we will need another parent to take remaining students
- All students must meet at Mossman State High School at 7:30am, return times will depend on the students' progress within the competition. Earliest return will be 4:00pm. Students will contact parents / guardians to confirm return time on the day.
- 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)

Unfortunately, due to additional transport information needed to be collected, an electronic permission request cannot be used for this excursion.

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 Friday 12th September 2025.

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

Katherine Macfarlane
Principal

Tracy Butland
Head of Department – HPE / Sport





MEDICAL FORM

FOR SCHOOL EXCURSIONS & SPORTING EVENTS SMITHFIELD JUNIOR 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 ☐

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: ____/____/____



Offer To Transport Children/Students In A Private Vehicle

Privacy statement

The school is collecting information about you and your vehicle in this form in order to assess whether you can provide private transport for children/students to and/or from the event identified below. If you are accepted to provide transport for children/students in your vehicle, the information in this form may be provided, as necessary, to the parents of those children/students, relevant staff and supervisors. 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.

Name of event	Junior Girls Volleyball Schools Cup
Date of event	Thursday 9 th October 2025
Location of event/s	Smithfield State High School
No. of children/students able to be transported in appropriate seating with seatbelts/restraint	
Driver's name	
Mobile phone number	
Driver's licence number	Expiry
Vehicle registration	Expiry
Blue card number (if driver is not a parent of a child at the kindergarten learning program/student at the school)	Expiry

As a person transporting children/students in your own vehicle, you are required to sign this document to certify that your vehicle is roadworthy, in a safe working condition, has adequate seating (with seatbelts/restraints); and the information supplied is true and correct. You are required to provide the school with proof of currency of your driver's licence, vehicle registration and Blue Card (if required).

_____ Driver's Name	_____ Driver's Signature	____/____/____ Date
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For Office Use Only	
Current driver's licence sighted	<input type="checkbox"/>
Vehicle registration sighted	<input type="checkbox"/>
Blue card required	<input type="checkbox"/> Yes <input type="checkbox"/> NA
If yes, blue card is valid (Use the online Blue Card validation tool)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information checked by: _____	Date: ____/____/____
Signature: _____	

