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 – INFORMATION FOR THE YEARS 7, 8 & 9 LAST WEEK OF TERM 4

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.

The end of school is drawing near and I would like to inform you of the arrangements for the last week of the term. Students will attend normal classes up until Friday 6th December. From Monday 9th December to Friday 13th December, curriculum areas will be organising a range of alternative activities for students. On Friday 13th December, students will be going to the Mossman Pool for a Sausage Sizzle.

Excursion details:

- Alternate activities will run from Monday 9th December to Friday 13th December 2024
- On Friday 13th December students will depart Mossman State High School at 11:15am and arrive back by 2:45pm, walking to and from the Mossman Pool, accompanied by school staff.
- Risk Level of participating in activities (Pool lifeguards will be present):
  - Transport to and from Mossman Pool – MEDIUM
  - Swimming in a Pool - MEDIUM
- Dress – School polo shirt and shorts, appropriate swimwear, towel, hat, sunscreen and suitable footwear for walking
- Meals – a sausage sizzle will be provided at the pool; however, students are encouraged to bring their own lunch snacks and water bottle
- Students are expected to read and adhere to our school's Student Code of Conduct https://mossmanshs.eq.edu.au/SupportAndResources/FormsAndDocuments/Documents/mossmanshs-student-code-of-conduct.pdf

Excursion costs: Nil cost – funded by the School

If you wish for your child/student to participate in the **POOL VISIT,** please complete this consent form and **return all pages (including this page)** to the school office by Wednesday 11th December 2024.

For further information about the activity, please contact the school office on 4084 1333 or contact info@mossmanshs.eq.edu.au

Ken Schaumberg
Principal

Queensland Government

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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 my child's name and image to be published in communication regarding this camp in Facebook, Newsport and or the school newsletter.
- 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.**