



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 – Mossman Workshops Visit

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 Wednesday 29th April, the Certificate II Automotive Preparation class will be attending a series of local mechanical workshops. The aim of the excursion is to give students first-hand experience of an industry standard mechanical workshop.

Excursion details:

DATE:	Wednesday 29 th April 2026
TIME:	Departing at 11:55am Returning by 1:05pm
TRANSPORT:	Students will be transported by FNQ Buslines
SUPERVISION:	Keith Dickinson will accompany students

- Students will visit -
 - Mossman Mechanical
 - K&M Auto Centre
 - Goodyear Auto Care

Excursion costs: Nil

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: Belinda Guthrie Head of Department Senior School

For further information about the excursion, please contact Belinda Guthrie on 4084 1313 or bguth5@eq.edu.au.


Katherine Macfarlane
Principal


Belinda Guthrie
Head of Department Senior School
and Transitions



Excursion consent form – Mossman Workshops Visit

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.

