



Mossman State High School

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Excursion Consent Form – SMITHFIELD SENIOR NETBALL GALA DAY

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 represent Mossman State High School to compete at the Smithfield Senior Netball GALA Day as part of our Sports program. The aim of the activity is to provide students with an opportunity to participate in netball against schools within the region.

Activity Details:

- Friday 19th September 2025
- Depart Mossman State High School at 7:45am and will arrive back at 5:00pm
- Amy McCarthy and Pearl Brunner will be supervising and transporting students; however, we may require an additional parent to help with transporting students to and from Smithfield State High School
- Risk Level of participating in 'Netball' – MEDIUM
 - Schools from across the Cairns region will be competing
 - Ice and first aid will be present, games will be played at Smithfield SHS
- Students must travel in full school uniform, including enclosed sports shoes
- While competing, students are expected to wear Mossman State High School Netball dresses (provided to students to be returned at the end of the day) and black bike pants
- Students are encouraged to bring all their food and drinks (CAFÉ near the high school is another option depending on the draw)
- Students are encouraged to have a snack to consume upon completion of their event.
- 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 nomination fees)

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages with payment to the school office by Thursday 11th September 2025.

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

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 SENIOR NETBALL GALA DAY

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: ____/____/____



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 Smithfield Senior Netball GALA Day to travel by private transport from Mossman State High School to and from Smithfield State High School on Friday 19th September 2025.

I give consent for my child to travel by transport with Amy McCarthy, Pear Brunner (teacher aid) and / or 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