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 Seniors BIG DAY OUT Friday 26th June

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 Friday 26 June 2026, the Year 12 cohort will participate in a special senior excursion designed to strengthen connections and celebrate the graduating class of 2026. The purpose of the day is to encourage teamwork, build positive relationships, and create lasting memories as students approach the end of their schooling journey.

Excursion Details:

Students will travel together by bus for the duration of the day and visit the following 3 locations:

- Defy Gravity
- Cairns Lagoon
- Ellis Beach Bar & Grill

Times:

- 8:50am leave school from bus shelter
- 6:45pm return to school

Students are required to wear casual clothing appropriate for school and suitable for:

- Jumping/climbing
- Swimming (sun safe)
- A casual sit-down dinner

Students must bring:

- Money for Defy Gravity and dinner
- Hat
- Sunscreen
- Water bottle
- Towel
- Clothes for all 3 activities

Students are expected to read and adhere to our Student Code of Conduct https://mossmanshs.eq.edu.au/SupportAndResources/FormsAndDocuments/Documents/mossmanshs-student-code-of-conduct.pdf

Excursion costs:

- Bus: $50 (students invoiced by the school)
- Defy Gravity: $30 (to be paid on the day upon entry)
- Lunch will be provided
- Dinner at Ellis Beach Bar and Grill (to be paid by students at the time)

Due Date: Friday, 5 June

If you wish for your child to participate in the excursion, please complete this consent form and **return all pages (including this page)** with payment to: Amanda Coutts through the school office. For further information about the excursion, please contact: Amanda Coutts on 40841333 or acout11@eq.edu.au

OIC

Katherine Macfarlane
Principal

Amanda Coutts
Year Coordinator

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 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 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, _____ 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.**