



Mossman State High School

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Activity consent form – ANNUAL SWIMMING CARNIVAL - 2026

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 named off-site activity;
- help coordinate the off-site activity;
- respond to any injury or medical condition that may arise during or as a result of the off-site activity; 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 will attend the annual school swimming carnival as part of our Sports program. The aim of the activity is to provide students with an opportunity to participate in Interhouse activities, following the Douglas Shire Council pool regulations.

Activity details:

- Friday 20th February 2026, departing Mossman State High School at 8:55am and returning at 2:50pm
- Carnival will be held at Mossman Bicentennial Pool
- Students will be involved in 25m or 50m events of each stroke, along with free time and pool games
- Risk Level of participating in 'Swimming in Pools' – HIGH
 - Mossman pool will be providing extra lifeguards, along with teacher supervision
 - Students will be counted at the start and finish of each event
 - Ice and first aid will be present
- Mossman State High School staff will be supervising student movement and activities throughout the day
- Students with medical issues / concerns, will be transported by private vehicle driven by Bridget GREENSILL (an additional permission form has been included for identified students)
- Students may come dressed in their school house colours, however:
 - swimwear must have appropriate coverage (front and back of the togs)
 - enclosed footwear and T-shirts must be worn during the walk to and from the pool
 - Sunscreen will be provided, and staff will be encouraging students to re-apply regularly
 - when not competing, students are expected to wear appropriate sun safe clothing (sun shirt or T-shirt) and hat
- Students are expected to read and adhere to our school Student Code of Conduct –
<https://mossmanshs.eq.edu.au/SupportAndResources/FormsAndDocuments/Documents/mossmanshs-student-code-of-conduct.pdf>
- There is some food at the venue, but the school P & C tuckshop will be running a limited menu (this will be available via Facebook and the school website soon)

PLEASE NOTE: Students who DO NOT return permission forms by the due date, will be supervised at school on the day of the Swimming Carnival

Activity costs: NIL

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages (including this page) to your students Form class teacher by Wednesday 18th February 2026.

For further information about the activity, please contact Tracy Butland at school on 4084 1336 or tbutl159@eq.edu.au.

Katherine Macfarlane
Principal

Tracy Butland
HOD – HPE / Sport



Annual Swimming Carnival – 2026

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 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 activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named child/student, _____ (insert child's name) to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity.
- I agree to and understand the refund policy as it applies to this excursion (see Activity 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 student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Parent/Carer/Student*	Name:		
	Phone number:		
	Email address:		
	Signature:	Date:	

Please indicate your students swimming ability:

Fair

Good

Excellent

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 activity 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.: _____

*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

I would like this additional information to be recorded in OneSchool records.

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**



MEDICAL FORM

FOR SCHOOL EXCURSIONS & SPORTING EVENTS ANNUAL SWIMMING CARNIVAL - 2026

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	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Severe Allergies/Anaphylaxis	<input type="checkbox"/>	Heart Problems (Heart Murmurs)	<input type="checkbox"/>

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	<input type="checkbox"/>	No	<input type="checkbox"/>	Details: _____
Any Insect Stings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Details: _____
Any Medication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Details: _____
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Details: _____

Date of last tetanus vaccination: _____ / _____ / _____

MEDICATION DETAILS

Parent/s are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications and equipment prior to the excursion/sports event. All medications will be administered according to the *HLS-PR-009 Administration of routine and emergency medication* policy.

Is your child presently taking tablets and/or other forms of prescribed medications?

Yes No

If "yes", please complete the **Authority to Administer Medication Form**. This form is available from the school office, or you may download a copy online at:-

<http://ppr.det.qld.gov.au/education/management/Procedure%20Attachments/Administration%20of%20Medications%20in%20Schools/request.pdf> .

Is your child required to wear any of the following:

Prescription Glasses	<input type="checkbox"/>	Soft	<input type="checkbox"/>	OR	Hard	<input type="checkbox"/>
Contact Lenses	<input type="checkbox"/>	Mouthguard	<input type="checkbox"/>	Orthotics	<input type="checkbox"/>	
Protective Equipment	<input type="checkbox"/>					
Prosthetics	<input type="checkbox"/>					

Further information, please specify:

OTHER INFORMATION

Please provide any other information about your child which will enable the organisers of the excursion or sporting event to provide better care for your child, such as **special dietary requirements**, blood transfusions (i.e. medical or religious reasons).

PARENT CONSENT

I hereby give permission for my child to participate and give my consent for teachers and staff involved in the school excursion or sporting event to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact me in the event of any emergency.

Parent's Name (Please Print)

Parent's Signature

Date

INSURANCE DISCLAIMER: Please be aware that when involved in activities there is an inherent risk of physical injuries occurring. Injuries may occur without any negligence on the part of the school and in such circumstances the responsibility for the injury and any associated cost will rest with you, not the school. Please take this into consideration in deciding whether or not to allow your child to participate in this activity. You may choose to obtain private insurance coverage, and the school would appreciate details of any medical/accident insurance you have in place for your child.

PRIVACY STATEMENT: The Department of Education, Training and Employment is collecting your and your child's personal information in order to assess the type of health care your child requires. The information will only be accessed by school staff. 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.