

Mossman State High School

Ever Upwards – Thriving in the Heart of our Community

Excursion consent form – Unit 3 Biology Field Work Camp @ Cape Tribulation

Privacy Statement

The Department of Education is collecting the personal information in this form 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 because of the excursion; and
- update school records where necessary.

Authorised departmental staff will only access the information. 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](#).

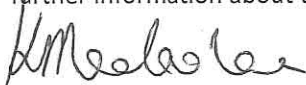
From 9th to 11th November 2026, we will be conducting field studies (the activity) as part of our Unit 3 Biology Practicals. The Field work is an essential part of the Senior Biology course. The field work is evident in the assessment overview; therefore, students will use the data collected on camp as part of their Student Experiment, and reference to the data and methodologies involved in collecting it will be evident in both the Data Test and External Exam.

Excursion details:

DATES:	Monday 9 th November returning Wednesday 11 th November 2026
TIMES:	Depart MSHS 8:45am – Return MSHS 2:45pm
TRANSPORT:	Bus – Tropic Wings
ACCOMMODATION:	Dormitory style accommodation at Daintree Rainforest Observatory, Cape Tribulation BYO towel—bedding linen provided
MEALS:	Students must bring their own morning tea/lunch packed in their backpack on Monday and any snacks for the 3 day camp. Students have access to commercial kitchen facilities and must also bring their own food for 2 x breakfasts, 2 x dinners, and 1 x lunch. PLEASE ADVISE OF ANY FOOD ALLERGIES OR SPECIAL DIETARY REQUIREMENTS below in the additional medical information section. Large eskies with ice will be provided and transported by the school and students can pack their refrigerated food items in these prior to boarding the bus. Students may also bring a small insulated cooler bag that will be transported in the bus trailer. A small amount of money may be brought for a stop at Daintree Ice Cream Company on the return trip.
DRESS CODE:	Sun safe clothes e.g., long sleeves and long pants (full length—no bare ankles) suitable for working outdoors in a rainforest environment. Two pairs of enclosed shoes (including one pair that can get wet such as reef shoes)
ALSO BRING:	Hat / sunnies / sunscreen / small daytime backpack / water bottle / insect repellent / toiletries and any required medication / torch with batteries
CODE OF CONDUCT:	Students will follow MSHS Student Code of Conduct. Electronic devices as per school policy.
COST:	\$228.00 (P & C have donated funds to support all students to attend)
STAFF ATTENDING:	Stacy Weber, Michael Hay, Jamie Mars, and Lou Oliver
DEADLINE DATE:	Friday 6th November 2026



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 the school office with payment. Please ensure that all payments are clearly identified as **Year 11 Biology Camp**. For further information about the activity, please contact Ms Stacy Weber on 4084 1333 or swebe24@eq.edu.au.


Katherine Macfarlane
Principal


Lou Oliver
HOD – Science/Agriculture

Excursion consent form – 2026 – Year 11 Biology Camp

Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student is injured because 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. Medicare may cover some incidental medical costs. 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, _____ **<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 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 One School. 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.

PLEASE ADVISE OF ANY FOOD ALLERGIES OR DIETARY REQUIREMENTS FOR BBQ CATERING

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.

