



Mossman State High School

Ever Upwards – Thriving in the Heart of our Community

Excursion consent form – Year 10 Celebration Beach Day

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.

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, 11th November, the year 10 cohort will participate in a special celebration excursion designed to strengthen connections and celebrate the 2026 school year. The purpose of the day is to encourage teamwork, build positive relationships and create lasting memories as students approach the end of the school year.

Excursion details:

- Wednesday, 11/11/26 travelling to Four Mile Beach
- Depart Mossman State High School at 9:00am and will arrive back at 2:30pm
- Staff attending this activity are Harry Cobb, Greg Cox, Tony Mountford, Janet Ross-Kelly, Kipp Seidenkranz, Laura Taplin and Scott Young
- Students will be transported by FNQ Buses
- Risk Level of participating in Orienteering and Beach activities – MEDIUM, Swimming at 4 Mile - HIGH
 - Ice and first aid will be present, along with lifeguards from 4 Mile Beach
- Students may wear casual clothing appropriate and for school and suitable for beach activities and swimming including swimming togs, stinger suits (if parents provide) and sun shirt
- Students must bring a hat, sunscreen and towel
- Lunch will be provided however recommend students bring snacks and water bottle
- 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: \$5.00

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 the school office by **Wednesday 28th October 2026**. For further information about the excursion, please contact Scott Young on 4084 1333 or syoun54@eq.edu.au.

Katherine Macfarlane
Principal

Scott Young
Year Coordinator

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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 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. 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, _____ **<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:		

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 One School. 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.

