



# Mossman State High School

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## Excursion Consent Form – YEAR 11 CAR CRASH SCENARIO

### 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](#).

As part of our senior student Road Safety Education Program, students will participate in a Road Safety Car Crash Scenario on Friday 22 May 2026. This educational event is designed to raise awareness of safe driving practices and the real-life consequences of dangerous driving behaviours.

The simulated car crash scenario will take place during Period 1, followed by a debrief session in Period 2. School support staff will be in attendance throughout the event and debrief sessions to provide support to students as required.

During the event, photographs and video footage may be taken by school staff, emergency services personnel and partnering organisations. Students may appear in this footage either individually or as part of a group.

Please be aware that these photographs and/or videos may be used for:

- educational and training purposes by a range of state organisations and emergency services agencies.
- presentations and professional development activities.
- community road safety awareness campaigns; and / or
- media and advertising campaigns promoting road safety initiatives.

No personal student information (such as full names or contact details) will be released without additional consent.

In addition, a small number of students have been invited to participate directly in the staged crash scenario as actors / participants under the supervision of staff and emergency service personnel.

If you wish for your child/student to participate in the activity, please complete this consent form and payment and return all pages to **the school office by Monday 18<sup>th</sup> May 2026**.

For further information about the activity, please contact Tracy Butland on 4084 1333 or [tbutl59@eq.edu.au](mailto:tbutl59@eq.edu.au) should you require further information.

  
Katherine Macfarlane  
Principal

  
Tracy Butland  
Head of Department – HPE / Sport



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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 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 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 answer additional required information:**

<input type="checkbox"/> YES <input type="checkbox"/> NO	I give permission for my child to be photographed and / or filmed during the Road Safety Car Crash Scenario on Friday 22 May 2026.
	I understand that the images and/or footage may be used by the school and partnering state organisations for educational, training, promotional and road safety awareness purposes, including media and advertising campaigns.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I give permission for my child to be involved as a participant/actor within the staged car crash scenario under the supervision of school staff and emergency services personnel.

### 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.**

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/school-excursions-procedure> to ensure you have the most current version of this document.

