



Mossman State High School

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Excursion consent form – Yr 12 Marine Science - 1A2 Field Work - Wavelength - Great Barrier Reef

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 Thursday 1st May and Friday 9th May 2025, the Year 12 Marine Science class will be visiting the Great Barrier Reef on board Wavelength Cruises to carry out field studies as part of our Unit 3 Marine Science mandatory practicals and student experiment. The aim of the activity is to develop an increased awareness of coral reef and coastal ecosystems by collecting data. Field work is a mandatory aspect of the Senior Marine Science course. Students will use the data collected during the trips as part of their Student Experiment IA2 assessment task, and reference to the data and methodologies involved in collecting it will be evident in the End of Unit 3 & 4 Exam.

Activity details:

Students will participate in three snorkelling activities, they will examine the impacts on the reef due to climate conditions, temperature change, CO₂ levels and ocean currents. Students will learn to identify corals at different stages of health. They will record data on the biotic and abiotic features of a coral reef system and observe increased growth of algae in damaged coral zones. They will collect water samples and test the level of dissolved oxygen and the water turbidity using a secci disk.



The details are as follows:-

DATES:	Thursday 1 st May and Friday 9 th May 2025
TIMES:	Meet at Crystal Brook Marina (Wavelength Cruisers at 8:00am and return at 4:00pm)
TRANSPORT:	Students to provide their own transport to the Marina 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
MEALS:	Lunch and afternoon tea is provided on board (Meat or Vegetarian options). Please be aware if your child has specific dietary requirements they will need to bring an alternative lunch/snacks. There will not be an opportunity to buy lunch on this trip.
CLOTHING:	Full school uniform, a hat, bathers, sunscreen, jumper, sun shirt and a towel
ALSO BRING:	Required Medication, water bottle, a pencil and a pen.
STAFF ATTENDING:	Lou Oliver, Andrew Ryan and Fiona Zigas
DEADLINE DATE:	Wednesday 23 rd April 2025
QPARENTS:	A digital consent form will be available in the QParents App

Excursion costs: \$227.00

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 by Wednesday 23rd April 2025. Please ensure that all payments are clearly identified as Year 12 Wavelength Reef Trips. For further information about the activity, please contact Andrew Ryan, - Y12 Marine Teacher 4084 1333.


Ken Schaumberg
Principal


Andrew Ryan
Teacher of Marine Science and 



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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:		

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.

Please include details about your **child's swimming ability** as this is a required activity for the day (for example they are competent swimming /snorkelling for 40 mins without assistance or they require assistance (floating aids) to swim.

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.

