



Mossman State High School

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Excursion Consent Form – Year 7 Swim Surf & Bounce Excursion

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 an addition to our Transition Program, we are holding a Team Building Day at the Tobruk Pool for our Year 7 students. The aim of this day is for students to mix with members of other Year 7 classes and form some new friendships and celebrate the end of a successful first term at high school. We will have access to the swimming pools and the jump zone. The Flow Rider is also available to students who complete the additional safety requirements.

Activity Details:

- Thursday, 3rd April, departing Mossman State High School at 9:00am and returning at 2:30pm.
- Students will travel to the Tobruk Pool in Cairns by chartered bus from FNQ Buslines.
- Students will access the pool, jump zone and Flow Rider simulated wave activity.
- Risk level of participating 'Swimming in Pools' – HIGH, 'Trampolining' – HIGH, "Transport by bus' – HIGH and 'Flowrider' – EXTREME. **This activity requires an additional consent form.**
 - Safety briefing conducted at the commencement of all pool activities.
 - Separate consent form for Flow Rider – students to view safety video prior to arriving on-site.
 - Qualified lifeguards present at all times in addition to teacher supervision.
 - First aid and ice available.
- Students are required to wear sun smart clothing (they do not need to be in school uniform) and are required to wear footwear, (thongs and crocs are permitted).
- Students to bring a drink bottle, and lunch, or money for lunch from the kiosk.

Please indicate your child's swimming ability. novice average/fair confident

Students are expected to read and adhere to our school [Responsible Behaviour Plan for Students](https://mossmanshs.eq.edu.au/supportandresources/formsanddocuments/documents/responsible-behaviour-plan-for-students.pdf) (<https://mossmanshs.eq.edu.au/supportandresources/formsanddocuments/documents/responsible-behaviour-plan-for-students.pdf>)

Activity costs: \$40 plus additional cost of lunch if required.

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages (including this page, and FLOWRIDER consent form if applicable) to the school office by **Monday, 31st March, 2025.**

NO LATE CONSENT FORMS WILL BE ACCEPTED. Students that have not returned the consent form by the due date will remain at school.

Please contact Belinda Guthrie on bguth5@eq.edu.au for further information.


Ken Schaumberg
Principal


Belinda Guthrie
Head of Department Senior School



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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](#).
- I am aware that my child's name/image may be used to promote this activity in the school newsletter or Facebook page.

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.

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.





MEDICAL FORM

FOR SCHOOL EXCURSIONS & SPORTING EVENTS YEAR 7 TOBRUK POOL DAY

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

TOBRUK MEMORIAL POOL
FLOWRIDER DISCLOSURE OF RISK AND RELEASE FORMS
VOLUNTARY ACKNOWLEDGEMENT OF RISKS, RELEASE OF LIABILITY AND INDEMNITY

Full Name _____ Birth Date _____ Age _____

Address _____

Suburb _____ State _____ Postcode _____

Mobile: _____ Email: _____

Emergency Contact Name _____ Emergency Contact Telephone _____

RIDING ON THE FLOWRIDER® IS AN EXTREME SPORT AND HIGH RISK RECREATIONAL ACTIVITY. SHEET WAVE SURFING ON OR IN PROXIMITY TO THE FLOWRIDER® MAY RESULT IN PHYSICAL OR MENTAL INJURY, ILLNESS OR DISEASE, OR DEATH (collectively referred to as "Risks"). This document affects your legal rights. By signing below you acknowledge that you have read and understood the disclosures of Risks, voluntarily accept those Risks, and agree to be bound by all terms of this Release of Liability and Indemnity Agreement.

My signature acknowledges that I or the minor for whom I am a legal guardian (collectively referred to as "I", "me", or "my") have voluntarily and independently chosen to participate in the sheet wave surfing attraction known as the FlowRider® or use a Flowboard™ (collectively referred to as the "Activities") and to use the facilities at Tobruk Memorial Pool, including but not limited to the FlowRider® (collectively referred to as the "Facilities"). I AGREE to abide by the rules and directions relating to the Activities and use of the Facilities.

In consideration for the permission to participate in the Activities and use the Facilities, I acknowledge, agree, promise and covenant on behalf of myself, my heirs, assigns, personal representatives and estate with BELGRAVIA HEALTH & LEISURE GROUP PTY LTD, CAIRNS REGIONAL COUNCIL, FLOWRIDER, INC., WHITEWATER WEST INDUSTRIES LTD and, AQUATIC DEVELOPMENT GROUP, INC. and each of their related companies, partners, trustees, directors, officers and agents (collectively, "Releasees") as follows:

- 1. ACKNOWLEDGEMENTS OF RISKS:** I UNDERSTAND AND ACKNOWLEDGE that the Activities in which I am about to voluntarily engage bear known and unanticipated risks that could result in PHYSICAL OR MENTAL INJURY, DEATH, ILLNESS OR DISEASE, OR DAMAGE to me or my property. However, I am making an informed choice to voluntarily accept such risks which include: (1) physical injuries such as: a) broken bones, b) dislocations, c) torn ligaments and tendons, and d) cuts to the head, body and/or limbs, suffered while riding these extreme sporting attractions; (2) latent or apparent defects or conditions of the Activities or the Facilities; (3) improper or inadequate instruction or supervision regarding the Activities or use of the Facilities (4) the behaviour of co-participants; (5) accidents or incidents in wet areas, such as pool decks or other wet surfaces; and (6) first aid, emergency treatment or services rendered or failed to be rendered by Releasees, or their agents or employees. I UNDERSTAND AND ACKNOWLEDGE that the above list is not complete or exhaustive.
- 2. ACKNOWLEDGEMENTS OF HEALTH:** I FURTHER ACKNOWLEDGE that I am in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation in the Activities or use of the Facilities. Further, I have not been advised by a medically qualified person that I should not participate in the Activities and that I have been given the opportunity by the Releasees to review the Facilities as thoroughly as possible and ask questions.
- 3. VOLUNTARY ACCEPTANCE AND ASSUMPTION OF RISK AND RESPONSIBILITY:** I EXPRESSLY AND VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES, AND RISK FOR INJURY, DEATH, ILLNESS OR DISEASE OR DAMAGE to me or to my property arising from the participation in the Activities or use of the Facilities. I give my consent to receive any first aid and medical treatment which may be deemed advisable in the event of an accident, injury or serious illness as a result of my involvement in the Activities. I acknowledge that the Releasees will not arrange insurance to cover me whilst participating in the Activities and that I am responsible for my own personal accident and insurance and ambulance cover.
- 4. RELEASE AND INDEMNITY:** I VOLUNTARILY WAIVE RELEASE AND DISCHARGE TO THE FULL EXTENT PERMITTED BY LAW AND COVENANT NOT TO SUE Releasees and all affiliated persons from any and all liability, claims, demands, actions or rights or action, which are related to, arise out of, or are in any way connected with the participation in the



Proudly managed by



Activities or use of the Facilities, including, but specifically not limited to any and all negligence or fault of Releasees. I UNDERSTAND THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER, and will apply to all current and future participation in the Activities or use of the Facilities. I understand that this RELEASE OF LIABILITY will prevent me, my child, my heirs or my estate from bringing any action at law or in equity, or other jurisdictional proceeding or making any claim for damages, injury or death in the event of damage, injury or death arising from participation in the Activities or use of the Facilities.

I FURTHER AGREE, PROMISE AND COVENANT TO HOLD HARMLESS AND TO INDEMNIFY Releasees and all affiliated persons from all defence or any other costs incurred in connection with claims for mental or bodily injury, negligence, wrongful death or property damage that may be filed by me, my child, my heirs or my estate.

AUDIO AND PHOTOGRAPHIC IMAGE RELEASE: I agree to allow my audio, video, and photographic image rights arising out of my participation in or around the Activities to be used by the Releasees or their sponsors in any manner for publicity or promotions without payment or compensation.

ENTIRE AGREEMENT, SEVERABILITY AND VENUE: I understand that this is the entire Agreement between the undersigned and Releasees, and that it cannot be modified or changed in any way by me or any employee or agent of Releasees. I agree that if any clause of this Agreement is found to be invalid it shall be severed and that, the balance of the contract will remain in effect.

NO REFUNDS – Refunds will not be issued.

I have read this entire document, understand it completely, and agree to be bound by its terms.

Participant's Name (please print): _____

Participant's Signature: _____ Date: _____

(If Participant is under the age of 18) Legal Guardian Name: _____

(If Participant is under the age of 18) Legal Guardian Signature: _____ Date: _____

DECLARATION BY PARENT OR LEGAL GUARDIAN

I, the undersigned, declare that I am the parent of, or the legal guardian of, the below named minor, and have the capacity to execute documents on behalf of such minor. I understand that as a condition to participate in sheet wave surfing on the FlowRider® the parent or legal guardian of the minor participant must sign this document and do so freely, without any duress and acknowledge that I have read and understand the same. If it is determined that I am not the parent or legal guardian of the minor, or did not have the legal capacity to execute the documents on behalf of said minor, then I agree to defend and indemnify the Releasees and each of their related companies, partners, trustees, directors, officers and agents if any litigation is instituted, as a result of any injury or death or claim for damage arising out of, relating to, or in any way connected with, minor's participation in sheet wave surfing on the or FlowRider® or use of the Facilities. I understand that this indemnity provision is in addition to (and not in lieu of) any other indemnity provision found in this document.

Participant's Legal Name (please print): _____

Legal Guardian Name: _____

Legal Guardian Signature: _____ Date: _____



Yes, I would like this form to be kept on file for future flow visits