



Mossman State High School

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Excursion Consent Form – Yr 7 Wacky Pool Olympics Family Fun Day

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](#).

Details:

We are having a year 7 family day to meet and mingle as well as participate in a friendly competition at our local swimming pool and to celebrate the end of your students first term at high school.

Family of our wonderful grade 7s are welcome to come and join in on the fun as we try and discover the answer.

Dress up competition!

As part of the fun, we will be having a dress up competition, with the theme being your form letter, for example, 7A will dress up as something beginning with A.

- If you plan to swim in your costume, it must be pool safe, no glitter, etc.
- There is a prize for the best dressed in each form class.

Other prizes

- MVP from each form class
- Prize for the winning form class.

Sausage Sizzle

- As part of the festivities, we will be having a free sausage sizzle for lunch!
- Students can purchase some snack food from the pool.

Cost:

- \$5 per student (Mossman State High School P&C Association have contributed to the costs of this activity)



For further information about the activity, please contact the school office on 4084 1333 or contact japom0@eq.edu.au


Katherine Macfarlane
Principal


Julie Pomfret
Year 7 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 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 my child's name and image to be published in communication regarding this camp in Facebook, Newsport and or the school newsletter.
- 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:
My student will be participating in the following activities (Please tick where applicable)	<input type="checkbox"/> Lawn Bowls	<input type="checkbox"/> Mossman Pool	
For the pool - Please indicate swimming ability: <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			
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.

