Mossman State High School
Ever Upwards – Thriving in the Heart of our Community

Excursion consent form – Year 7 WHY Program – Hook-a-Barra Visit

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.*

Authorised departmental staff will only access the information. 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 Friday 4 December, Year 7 students in the *Wellbeing Health You, We Hear You* (WHY) program will visit Hook-a-Barra at Wonga Beach for a fishing experience to celebrate the end of the school year. Students will learn about barramundi farming and try their hand at fishing while building friendships, confidence, and positive connections with staff and peers.

Activity Details:

- Friday 4th December, departing Mossman State High School at 11:15am and returning at 2:45pm.
- Students will travel to the Hook a Barra at Wonga Beach by private vehicles driven by school staff.
- Students are required to be in normal school uniform.
- Staff attending are Harry Cobb, Lee Roy Tipiloura and Laura Gray.
- Please bring sunsmart shirt/fishing shirt and hat to wear while fishing.
- Food and water and sunscreen will be provided.

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: Nil

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 Friday, 27th November 2026.** For further information about the excursion, please contact Laura Gray on 4084 1333 or lgray123@eq.edu.au .

Katherine Macfarlane
Principal

Laura Gray
Head of Department – Partnerships & Student Support

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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. Medicare may cover some incidental medical costs. 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 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 One School. Please give full details of any new or updated medical information which may affect your child's full participation in the activity 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.**

Queensland Government