



Mossman State High School

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Excursion Consent Form – Year 8 Camp - 2025

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](#).

During Week 10 of this term, we will be running the Year 8 Camp at Daradgee Environmental Education Centre (DEEC). The aim of the camp is to increase students' confidence, teamwork and resilience in an outdoor environment. Student's will have the opportunity to participate with their peers in a variety of activities.

Activity Details:

- Wednesday 2nd April to Friday 4th April 2025
- Depart Mossman State High School at 9:00am and will arrive back at 2:00pm
- Risk Level of participating in activities (Ice and first aid will be present):
 - Transport to and from Daradgee Environmental Education Centre – LOW
 - Challenge Low Ropes and Group Activities – MEDIUM
 - Challenge High Ropes – HIGH
 - Animal Observation and Handling – HIGH
- Supervising Staff attending are Adam Urwin, Year Co-ordinator and Cheryl Wade, Head of Department with other teaching staff to be advised.
- Accommodation – Daradgee Environmental Education Centre (DEEC)
- Transportation:
 - Tropic Wings will transport students to Daradgee Environmental Education Centre and returning to Mossman State High School
- Dress – Sun safe clothing suitable for the stated activities. Please refer to the packing list attached.
- Meals – all meals will be provided, except day one lunch. Please pack a suitable lunch to have on arrival at DEEC on Wednesday.
- 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>)

Activity costs: \$225.00

If you wish for your child/student to participate in the activity, please complete this consent form and return all pages with payment to the school office by Friday, 21st March 2025.

For further information about the activity, please contact Adam Urwin on 4084 1333 or alurw0@eq.edu.au should you require further information.

Ken Schaumberg
Principal

Adam Urwin
Year 8 Co-ordinator



Excursion Consent Form – Year 8 2025 Camp

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 indicate your students swimming ability: Fair Good Excellent

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

Daradgee Environmental Educational Centre

Year 8 Camp 2025

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.

Swimming Ability

- How would you rate your child's swimming ability: Poor Fair Good Excellent
- Is your child capable of swimming 100m or treading water for 10 minutes with a lifejacket on? Yes No

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.