Mossman State High School

Ever Upwards – Thriving in the Heart of our Community

Excursion consent form – YEAR 9 FNQ SCHOOLS RUGBY LEAGUE

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 Tuesday 21st July 2026, we will be participating in the FNQ Yr 9 Schools Rugby League carnival as part of our sports program. The aims of the excursion is to provide students with an opportunity to participate in rugby league against schools within the region.

Excursion details:

- Depart Mossman State High School at 7:00am and will arrive back at 4:30pm
- Laura Gray and Harry Cobb will be supervising students and options for transport if parents / guardians are unable to transport their students
- Risk Level of participating in Rugby League – HIGH
  - Schools from across the Cairns region will be competing
  - Ice and first aid will be present, games will be played at Stan Williams Park, Cairns
  - Players must wear a mouthguard and it is highly recommended that headgear is worn
- Students must travel in full school uniform, including enclosed sports shoes
- While competing, students are expected to wear Mossman State High School Rugby League jerseys (provided to students to be returned at the end of the day) and black shorts
- Students are encouraged to bring snacks and drinks, however a canteen is available for food to be purchased
- Students are encouraged to have a snack to consume upon completion of their event.

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 17th July 2026.

For further information about the excursion, please contact Tracy Butland on 4084 1336 or tbutl59@eq.edu.au.

Katherine Macfarlane
Principal

Tracy Butland
Head of Department – HPE / Sport

Excursion consent form – YEAR 9 FNQ SCHOOLS RUGBY LEAGUE

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 tick relevant box regarding transport:

	My son will require transport in a teacher's vehicle - please complete 'Private Transport Consent Form'
	I will organise my own travel arrangements for my son

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

YR 9 SCHOOLS RUGBY LEAGUE - 2026

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	
RESIDENTAL 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	☐	Fainting	☐
Diabetes	☐	Asthma	☐
Severe Allergies/Anaphylaxis	☐	Heart Problems (Heart Murmurs)	☐

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	☐	No	☐	Details:_____
Any Insect Stings	Yes	☐	No	☐	Details:_____
Any Medication	Yes	☐	No	☐	Details:_____
Other	Yes	☐	No	☐	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	☐					
Contact Lenses	☐	Soft	☐	OR	Hard	☐
Protective Equipment	☐	Mouthguard	☐		Orthotics	☐
Prosthetics	☐					

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.

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MOUTHGUARD – CONSENT FORM

YR 9 FNQ SCHOOLS RUGBY LEAGUE

Department of Education Curriculum Activity Risk Assessment guidelines state the mandatory wearing of mouthguards by ALL students whom participate in the following sports – Australian Rules (AFL), Rugby League, Rugby Union, Hockey and Water Polo. The Department of Education strongly recommends that mouthguards are custom-fitted following the Australian Dental Association and Sports Medicine Australia – Dental Injuries Guidelines.

Information for parents/caregivers and students about facts on rugby league can be found at - https://sma.org.au/resources/policies-and-guidelines/mouthguard-policy/

Students with a medical condition that are unable to wear a mouthguard whilst participating in the above mentioned sports must provide supervising staff with a ***signed medical clearance certificate.***

Students who do not comply with the Department of Education mandatory requirements for the wearing of mouth guards ***will not be able to participate*** in the above mentioned school sporting events.

Parents / caregivers are asked to complete the medical questionnaire / consent declaration slip below and return it to supervising staff before participating in any of the above mentioned sports.

Mouthguard Medical Questionnaire / Consent Declaration Slip

I, _____ (Parent / Caregiver Name) understand that mouth protection is mandatory in this sport. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection my child will wear whilst playing this sport.

Please tick one of the boxes below

☐ My child has **NO** identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport.

OR

☐ My child has an identified medical condition/s that may impact on their safety during participation in this sport and therefore **cannot wear a mouthguard**. The required medical clearance certificate is attached.

Signed: _____ (Parent / Caregiver) **Date**:_____

(07) 4084 1333 • info@mossmanshs.eq.edu.au
46-62 Front Street, Mossman Qld 4873 • PO Box 178, Mossman Qld 4873 • mossmanshs.eq.edu.au

Private Transport Consent Form

Privacy statement

The Department of Education is collecting personal information about the named child/student in order to obtain consent for them to travel with the driver identified below in their private vehicle to the off-site activity identified below. The information in this form may be given to the driver and relevant departmental staff. The 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.

Information about the driver and their vehicle

Where private transport is to be utilised, the school will ensure that any person who provides private transport is the holder of a current driver's licence and that the vehicle is registered. The driver must satisfy working with children authority (blue card) requirements, unless an exemption applies (for further information, refer to the Working with children (blue card) procedure).

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If the named 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 you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what type/s and level of private insurance they wish to arrange to cover the named child/student. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

Consent

I hereby give permission for _____ in the FNQ yr 9 Schools Rugby League Team to travel by private transport on Tuesday 21st July 2026 to and from Stan Williams Park, Behan Street, Manunda.

I give consent for this child/student to travel by private transport with Laura Gray and / or Harry Cobb. I understand that the driver listed will provide supervision for the child/student while travelling from the school to the above location and a school staff member may not be present during travel.

_____	_____	___ / ___ / ___
Parent/carer/student* name	Parent/carer/student* signature	Date

* Students who are independent, mature-age or over 18 years of age may provide their own consent.