

Mossman State High School

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Excursion Consent Form – Melbourne Trip Monday, 5 August – Saturday, 10 August 2024

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 5-10 August 2024, we will be going to Melbourne as part of our Year 11 curriculum. The aims of the excursion are for students to be involved in a wide range of education, social and cultural activities.

Excursion details:

The trip is open to eligible students in Year 11, 2024 as per the school's policy concerning extracurricular activities. It is our policy that if parents/guardians have not paid or made suitable arrangements for the payment of the Textbook Hire and Resource Scheme, students will not participate in non-compulsory excursions and other extracurricular activities that have an extra cost involved. This allows parents/guardians to allocate money to meet the cost of essential education materials. Students who are not participating in the Melbourne trip must attend school and will be continuing their studies.

TOURS: (Please note that these activities represent examples of experiences. Final itinerary items depend upon numbers and availability at the time of booking.) MELBOURNE: Skydeck, Tenpin Bowling, Laser Tag, Luna Park, Melbourne Zoo, Prison Tour, Snow Day at Lake Mountain, Formal Dinner on a River Cruise, Shopping, AFL Football Match and Rock Climbing.

Excursion costs:

The estimated cost for the excursion will be approximately \$1400-\$1600 plus spending money. Students who secure a place on the excursion, will be provided with an information letter at the end of Term 1 with a payment schedule.

Included in the cost: Inclusions for the trip include:

- Return flights from Cairns to Melbourne (airline to be advised)
- Five nights' accommodation in Melbourne 'The Village Hostel'
- Formal Dinner
- Activity Costs
- Buffet Breakfast (4 mornings)

Not included in the cost:

- Lunch (5)
- Dinner (4)
- Snacks
- Souvenirs



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To secure a place on this trip, the permission letter attached needs to be returned and a <u>NON-REFUNDABLE</u> deposit of \$300 will need to be paid before Friday, 4th March 2024.

After Friday, 4th March 2024, both flights and accommodation will be booked and deposits paid to secure seats and beds. Flights and beds will only be booked for those students that have paid this deposit by the due date.

Payment Schedule:

Deposit:	\$300	(Non Refundable)	Due 4 th March
Payment 2:	\$600		Due 19 th April
Payment 3:	\$600		Due 21 st June
Payment 4:	TBA		Due 19 th July

A separate invoice will be issued for Payments 2, 3 and 4.

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: Front Office. For further information about the excursion, please contact Christina Uhlik on 4084 1333 or email cuhli2@eq.edu.au.

Ken Schaumberg

Principal

Christina Uhlik

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Head of Department Engagement Years 10, 11 and 12



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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 <u>Queensland Chief Health Officer's Directions</u>.

Parent/Carer/Student*	Name:	
	Phone number:	
	Email address:	
	Signature:	Date:
Emergency contact information for the duration of this excursion	Name:	
	Phone number/s:	4

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.:	
Modicaro 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.

