

# Queensland Representative School Sport

## Sunshine Coast School Sport District trial consent booklet

### Privacy statement:

The Department of Education (DoE), through Queensland Representative School Sport, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purposes of participating in district or regional trials.

This information will only be accessed by authorised departmental employees and persons authorised by Queensland Representative School Sport, including appointed team officials. In accordance with section 426 of the [Education \(General Provisions\) Act 2006](#) (regarding student's personal information) and the [Information Privacy Act 2009](#) (parent/carer's personal information), this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

### To participate in this district trial, this booklet must be signed by:

- Your school's authorised school delegate (principal, deputy principal or sports master)
- Your parent or carer

Give this booklet to the designated district official before the district trial starts. If you don't submit it, you cannot take part in the trial. Please check our district trial notice for more details.

### SECTION A: Student details

Name:		Date of birth:	
<b>Main parent / carer details</b>			
Parent Name:		Mobile:	
Contact email:		Contact ph:	
<b>Additional emergency contact details</b>			
Name:			
Relationship to student:		Contact ph:	

### Student's agreement to the Code of Conduct

I have read and understand the attached 'Student's Code of Conduct' and agree to abide by its conditions.

Student name (please print)	Student signature	Date

### SECTION B: School permission

This is to advise that approval has been given for the student listed below to attend the following regional trial.

Name:		Sport:	
School:		Age / gender division:	

Authorised school delegate name (please print)	Signature	Date

## SECTION C: Student health information

Student name:		Date of birth:	
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### Concussion or suspected concussion

1. Has the student had any recent head injuries or concussion?	<input type="checkbox"/> No, go to 4	<input type="checkbox"/> Yes, go to 2
2. Does the student have graduated return to play advice from their treating doctor?	<input type="checkbox"/> No, go to 3	<input type="checkbox"/> Yes, go to 4
3. Had the student received medical clearance to participate in this sport event at the date of signing this form?	<input type="checkbox"/> No, go to 3	<input type="checkbox"/> Yes, go to 4

**Note:** If your child has had concussion or suspected concussion, staff will follow advice from the treating doctor. Students who have graduated return to play advice from their treating doctor may be eligible to join the team, however, medical clearance is required for your child to fully participate in the sport.

### Other injuries

4. Does the student have any current or previous sprains, strains or other injuries (eg to the knee, hip, shoulder, ankle or back) with may affect their participation?	<input type="checkbox"/> No, go to 6	<input type="checkbox"/> Yes, go to 5
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5. Describe the injury and recent treatment.

### Health conditions

6. Does the student have any health conditions that affect their participation in sport?	<input type="checkbox"/> No, go to 8	<input type="checkbox"/> Yes, go to 7
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7. Indicate the student's health condition or conditions:

- Asthma
- Anaphylaxis
- Diabetes
- Epilepsy
- Other:

Attach any emergency health plans, action plans or medical advice relating to the condition. Contact the team official as soon as possible to discuss any support required to manage the student's health condition, especially if the student requires medication or an emergency response and/or if they require additional support to manage their condition.

**Medication requirements**

8. Will the student require routine medication (at a set time) during this activity?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. Could the student require medication as an emergency response? Eg for asthma or anaphylaxis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10. Had the student received medical clearance to participate in this sport event at the date of signing this form?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11. Does the student have parent approval to self-administer their medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If YES to any of these questions:

- Complete the *Consent to administer medication* form (available in the administration of medications in school procedure)
- Attach the completed *Consent to administer medication* form and any additional advice from the health practitioner (eg action plan, letter, medication order) to this acceptance form.
- Contact the student's team manager as soon as possible to ensure that the student's medication needs can be supported.

**Other**

Describe below if the student has any other health or well-being issues which may affect their participation in representative school sport:

**Activity risks and insurance**

The Department of Education does not have personal accident insurance cover for 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/independent student. Some incidental medical costs may be covered by Medicare. If the parent/carer/independent student has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer/independent student. It is up to the parent/carer/independent student to decide the type/s and level of private insurance they wish to arrange to cover for their child/themselves (if an independent student). Please take this into consideration in deciding whether or not to allow your child/yourself (if an independent student) to participate in this activity.

## SECTION D: Mouthguard consent (if applicable) for Australian football, Hockey, Rugby league, Rugby union and Water polo

Student name:	Date of birth:
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### Sport in which the above student is participating

<input type="radio"/> Australian football	<input type="radio"/> Hockey	<input type="radio"/> Rugby league	<input type="radio"/> Rugby union	<input type="radio"/> Water polo
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It is a Department of Education requirement for students wishing to participate in Australian football, Hockey, Rugby league, Rugby union and Water polo to wear mouthguards. The Department of Education strongly recommends that student wear custom-fitted mouthguards.

Please refer to the [Sport Medicine Australia—Preventing Dental Injuries in Sport](#) and the [Australian Dental Association and Sports Medicine Australia's Mouthguard Policy](#) in order to make an informed decision about which mouthguard is most suitable for your child.

If your child is unable to wear a mouthguard for medical reasons, then a medical certificate or letter signed by the student's treating doctor is required prior to your child participating in this representative school sport event.

If you have any issues regarding purchasing a mouthguard, please contact the team manager and/or your school's principal.

To address student safety, if this mouthguard consent form is not completed, signed and returned, your child will be unable to participate in the specific representative school sport event.

### Acknowledgement and signature block

- I 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 the student listed above will wear whilst playing this sport.
- I confirm that the student listed above has NO identified medical condition or conditions that may impact on their safety by wearing a mouthguard during participation in this sport.

**OR**

- I confirm that the student listed above has an identified medical condition that may impact on their safety during participation in this sport and therefore cannot wear a mouthguard. The required medical certificate or letter from their treating doctor is attached.

Name of parent or carer or independent student:	
Signature of parent or carer or independent student:	
Date:	

## SECTION E: Consent

Name of representative sporting event:

Name of Student:

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this document in relation to the QRSS program (including any attached material) and will commit to participation in all aspects of the program.
- I give consent for the student listed above to participate in the identified QRSS program.
- To the best of my knowledge, the student named in this form is medically fit and able to participate in this representative school sport event.
- I have provided the team official with all relevant details of the student's medical and physical needs on registration/enrolment and where relevant have updated this information.
- I will notify the team official if there is a change in any health conditions detailed above or if the student is no longer medically fit or able to participate for health/injury reasons in this representative sporting event. This includes concussion that may occur during an event.
- I agree that should the student be medically unfit to participate fully in the representative school sport event for which they have been selected, they may be required to withdraw.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the student may reasonably require, including contacting a doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including transportation costs) and undertake to reimburse the department the full amount of those costs.
- I give consent for my child/student contact information to be shared in relation to the representative school sport event in compliance with relevant Queensland Chief Health Officer's directions.
- I am aware that the department does not have personal accident insurance cover for students.
- I will pay the Queensland Representative School Sport costs as outlined by the sport offices for the student's participation in the event.
- I acknowledge that transport and or accommodation may be provided to attend trials or championships.
- I acknowledge that the team officials have no responsibility for students during privately arranged travel to and from competition venues, or whilst in private accommodation.
- I have reviewed the information I have provided on this form and confirm that this information is correct to date.
- I will adhere to all QRSS program policies, including the Department of Education and QRSS codes of conduct.

Name of parent, carer or independent student:

Signature:

Date:

## Queensland Representative School Sport

### Student's code of conduct

- Take responsibility for your own behaviour and performance.
- Compete by the competition conditions and rules.
- Respect the judge's, referee's or umpire's decisions.
- Encourage and support your team members.
- Show respect for yourself, your team mates, officials, your opponents and their skills.
- Respect the rights and worth of every person.
- Behave in a manner that respects the rights of others regardless of mediums of communication used (e.g. digital mediums such as Twitter, Facebook, email and texts).
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden.
- Entering or remaining upon restricted licensed premises unless under the supervision of team officials or parents / guardians is strictly forbidden.
- Ensure you adequately prepare and recover for competition.
- Wear the official team uniform as directed by team officials.
- Check-in and check-out with team officials each day.
- Stay in the designated team area and support other team members during the event.
- Follow all directions of team officials.
- Ensure that you have telephone numbers of team managers at all times in case of emergency.

### Parent and community code of conduct

- Cooperate with the team officials to achieve the best outcomes for your child.
- Support team and event officials in maintaining a safe and respectful learning environment for all students.
- Maintain positive relationships with team officials regarding your child's learning, wellbeing and behaviour.
- Be courteous and constructive in your communication with players, team officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.
- Behave in a manner that respects the rights of others regardless of mediums of communication used (e.g. digital mediums such as Twitter, Facebook, email and texts).
- Let game officials conduct events without interference.
- Demonstrate respect for opposing players and their supporters.

\*Refer to the [Department of Education Parent and Community Code of Conduct](#) for further information.