

Queensland Representative School Sport

Glasshouse District School Sport



DISTRICT TRIAL PERMISSION / CONSENT FORM

INSTRUCTIONS

To participate in this district trial below, you must have this form signed by:

- (a) Your school's authorised school delegate (principal, deputy principal or sports master) and
- (b) Your parent or caregiver

Please note: You must submit this completed form to your nominated school representative (ie PE teacher) prior to the commencement of the district trial. **NO FORMS = NO TRIAL.**

SECTION 1 - DISTRICT TRIAL INFORMATION	
<i>SPORT EVENT:</i>	Australian football (10-12 girls)
<i>Event Date:</i>	12 February 2024
<i>Event Duration:</i>	3.45pm to 5.00pm
<i>Event Location:</i>	Landsborough State School, 41 Gympie St, Landsborough 4550
<i>Eligibility:</i>	You must be born in 2012, 2013 or if born in 2014 have experience playing Australian football at a higher level of competition
<i>What to wear:</i>	Sun-safe clothing, football boots (optional), mouthguard (compulsory)
<i>What to bring:</i>	water bottle, hat, mouthguard, head gear (optional), completed trial form
SECTION 2 - PARENT / CARER CONSENT	
Please check all the appropriate boxes below to indicate your agreement/consent:	
<input type="checkbox"/>	I give consent for my child, _____ to participate in the Glasshouse District School Sport trial for the sport event above.
<input type="checkbox"/>	I have provided the district trial's manager with all relevant details relating to my child's medical or physical needs.
<input type="checkbox"/>	I agree the during the period of the trial and subsequent training/competition, my child shall be under the direction of sporting personnel duly appointed to coach/manager the district team.
<input type="checkbox"/>	I acknowledge that the Department of Education does not have personal accident insurance cover for students. I acknowledge that the Department of Education has public liability cover for all approved school activities and provides compensation for students injured at school/school events only when the department is negligent. If this is not the case, then all costs associated with any injury incurred is my personal responsibility. It is my decision if I wish to purchase private insurance to cover my child for any accidental injury that may occur.

PARENT NAME (Please Print)	PARENT / CAREGIVER PHONE NUMBER	PARENT EMAIL	DATE
STUDENT DATE OF BIRTH	PARENT / CAREGIVER SIGNATURE		

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SECTION 3 – SCHOOL CONSENT

This is to advise that approval has been given for the following student to attend this district trial.

Name:	
School:	
Sport:	
Age Division:	

AUTHORISED SCHOOL DELEGATE NAME (please print)	SIGNATURE	DATE

SECTION 4 – OTHER IMPORTANT INFORMATION

COVID INFORMATION: Players and spectators must abide by the current Queensland Health COVID guidelines at the time of the district trial. If you are unwell or present with any COVID or flu like symptoms you will not be able to attend.

Activity Risks and Insurance Explained

The activity outlined above carries inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/caregiver. Some incidental 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/caregivers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

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Student health information – Queensland Representative School Sport

Privacy Notice

The Department of Education (DoE), through Queensland Representative School Sport is collecting personal information in this form in order to support the health needs of students during representative school sport activities. The forms will be collected by the Team Officials, who will provide them to department staff involved in the running of the event and first aiders/health professionals engaged if the student requires first aid and/or health support during the sporting event.

Instructions for completing this form

1. Complete Sections 1 to 5 of this form.
2. Attach a copy of any Emergency Health Plans or Action Plans from the student's health practitioner or doctor that support the student's health needs (if required).
3. Contact the Team Official to discuss arrangements if the student has a condition that may require medication as an emergency response and/or if they require additional support to manage their condition.
4. Return the completed form and any attachments to the Team Official by requested date.

Insurance

The Department of Education does not have personal accident insurance cover for students. If a student is injured as a result of an accident or incident while participating in representative school sport, all costs associated with the injury, including medical costs are the responsibility of the student's parent/carer or adult student themselves.

Student health information

Section 1: Student Details			
Student name:			
Date of birth:		Year level:	
Parent / carer / contact name:			
Contact phone numbers	Home:	Work:	
	Mob:	Emergency:	
Medical practitioner name:			
Practice name:		Contact number:	

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Section 2: Health conditions		
2.1 Does the student have any health conditions?	<input type="checkbox"/> No Go to 2.3	<input type="checkbox"/> Yes, Go to 2.2
2.2 Indicate the student's health conditions/s		
<input type="checkbox"/> Asthma	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Anaphylaxis	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Diabetes	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Epilepsy	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		
Attach an Emergency Health Plans or Action Plans relating to the condition and 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 / an emergency response and/or if they require additional support to manage their condition.		
Other emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3 Has the student had any recent head injuries or concussion?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Injury details: Describe the injury and treatment:		
Date of injury:		
Management of injury:		
2.4 Does the student have any current or previous sprains, strains, or other injuries (eg to the knee, hip, shoulder, ankle or back) which may affect their participation?	<input type="checkbox"/> No Go to 2.6	<input type="checkbox"/> Yes, Go to 2.5
2.5 Describe the injury and recent treatment:		
2.6 Is the student medically fit to participate in this sports event? A medical clearance specific to the sport may be required prior to participation in the activity.	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Section 3: Medication requirements		
3.1 Will the student require medication during this activity?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.2 Does the student require staff to administer their medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.3 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:		
<ul style="list-style-type: none"> Contact the student's team official as soon as possible to ensure that the student's medication needs can be supported and to request the appropriate <i>Consent to administer medication</i> form. 		

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Section 4: Other

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

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Section 5: Consent

Name of representative sporting event:	
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Name of student:	
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Please read the following conditions of participation and indicate your agreement by signing below:

- I have reviewed the information I have provided on this form and confirm that this information is correct.
- To the best of my knowledge, the student named in this form is medically fit and able to participate in this representative sporting event.
- 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 fully in the representative school sport activity for which they have been selected, they may be required to withdraw.
- I am aware that the department does not have any personal accident insurance cover for students.
- In the event of an accident or illness, staff may obtain or administer any medical assistance or treatment that the student named in this form may reasonably require.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including transportation costs) and will undertake to reimburse the department the full amount of those costs.

Name of parent or carer:	
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Signature:		Date:	
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