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	
SPORT EVENT:	**Netball (10-11 years)**
Event Date:	**9 February 2024**
Event Duration:	**3.30pm to 4.45pm (some students may be required longer depending on performance)**
Event Location:	**Glass House Mountains State School (access via Page St – off Coonowrin Rd)**
Eligibility:	**You must be born in 2013, 2014**
What to wear:	**Sun-safe clothing, sports shoes**
What to bring:	**water bottle, hat, completed trial form**

SECTION 2 - PARENT / CARER CONSENT	
Please check all the appropriate boxes below to indicate your agreement/consent:	
☐	I give consent for my child, _____ to participate in the Glasshouse District School Sport trial for the sport event above.
☐	I have provided the district trial's manager with all relevant details relating to my child's medical or physical needs.
☐	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.
☐	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 nor 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?		☐ No Go to 2.3	☐ Yes, Go to 2.2
2.2 Indicate the student's health conditions/s			
☐ Asthma	Emergency Health Plan / Action Plan attached	☐ Yes	☐ No
☐ Anaphylaxis	Emergency Health Plan / Action Plan attached	☐ Yes	☐ No
☐ Diabetes	Emergency Health Plan / Action Plan attached	☐ Yes	☐ No
☐ Epilepsy	Emergency Health Plan / Action Plan attached	☐ Yes	☐ No
☐ 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		☐ Yes	☐ No
2.3 Has the student had any recent head injuries or concussion?		☐ No	☐ 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?		☐ No Go to 2.6	☐ 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.		☐ No	☐ Yes

Section 3: Medication requirements		
3.1 Will the student require medication during this activity?	☐ No	☐ Yes
3.2 Does the student require staff to administer their medication?	☐ No	☐ Yes
3.3 Does the student have parent approval to self-administer their medication?	☐ No	☐ Yes
If **YES** to any of these questions: • 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 *Consent to administer medication* 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:

Section 5: Consent			
Name of representative sporting event:			
Name of student:			

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:			
Signature:		Date:	