



Event Details

Sport: _____

Date: _____

Venue: _____

1. Student details (please print clearly)

First name: _____ Surname: _____

Date of Birth: _____ School: _____

Does your child/ward identify as Aboriginal or Torres Strait Islander? (Please circle) **YES/NO or Prefer not to say**

Parent/Caregivers details

First name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____

2. Student Medical Details

Medicare Number: _____ Exp Date: _____

My child/ward is allergic to: _____

Does your child/ward have an ASCIA action plan? **YES or NO** (please circle).

If **YES** a copy must be attached to this consent form.

Please detail any medical or additional requirements which the team manager should be aware of, including any behaviour management or other specialised plans. (Copies of details / plans to be attached).

Concussion Clearance

The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport.

- If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 days period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event.
- Medical clearances can be attached to this consent form or can be submitted to team officials separately.

Important Information:

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the department of its duty of care to students that may result in claims for compensation.

Parents and caregivers are advised to assess the level and extent of their child's / ward's involvement in the sport program offered by the school, school sporting zone, region and state school sport associations when deciding whether additional insurance cover is required prior to their child's/ward's involvement in the program. Personal accident insurance cover is available through normal retail insurance outlets.

Parents who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. The Supplementary Scheme does not cover medical expenses or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/File/1449>.

5. Principal's Declaration

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- I certify that the student has the school authority to represent on this occasion.
- A copy of this consent form will be retained by my school.
- I certify this student **has or has not** (please circle) parental / caregiver permission to publish as stated in the "Permission to publish" above.

Name: _____

SIGNED: _____
(Principal) (Date)

6. Sports Organiser endorsement

I endorse the selection of this student to represent the school at this activity.

Name: _____

SIGNED: _____
(School Sports Organiser) (Date)

7. Parental Acknowledgment and Consent

- I have read the information provided and I hereby consent to my child/ward participating in this event.
- I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.
- I acknowledge that my child/ward will be under the supervision of team officials during the event.
- I have sighted the Code of Conduct and acknowledge that if my child/ward seriously contravenes behavioural expectations, they may be immediately excluded from the team. Should this eventuate, I accept full responsibility for my child/ward upon notification of their exclusion by the team manager including the cost of return transport and accommodation.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility for all expenses incurred.
- I acknowledge that if my child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 day period prior to the event commencing, I am required to report this to team officials. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the event if a medical clearance is provided.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this sport activity.
- I confirm I have completed the "Permission to Publish Student Information" section.

Name: _____

SIGNED: _____
(Parent/Caregiver) (Date)