



# South West School Sport Board PARENTAL CONSENT FORM



As a Parent/Guardian of \_\_\_\_\_  
I, \_\_\_\_\_ give consent for my son/daughter to take part in any activity arranged by, or participated in, by South West School Sport. I also give my permission for him / her to use such forms of transport for travelling as may be necessary.

I agree that, during the period of the competition in which my son / daughter participates, and during such travelling and other activities as may be necessary, my son / daughter shall be under the sole direction of the person or persons appointed in charge of the squad and / or team in which he / she is included.

Such persons may take whatever reasonable disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually in the above mentioned activity.

I agree that my son/daughter must wear a mouthguard when participating in AFL, Rugby Union, Rugby League, Hockey and Water Polo. The Department strongly recommends that students wear custom-fitted mouthguards. I understand that mouth protection is mandatory in these sports. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection my child will wear whilst playing these sports.

Students with a medical condition that may impact on their safety during participation in sporting activities must be cleared by a medical practitioner to participate in the activity.

I also agree that my son/daughter is responsible for sun protection by providing his/her own hats and an SPF 15+ broad spectrum sunscreen.

I submit the attached medical information about the above student and include details of limitations which she/he has for the activities concerned.

In the event of any illness or accident, including during the periods of travel, I authorise the obtaining on my behalf of such medical or ambulance assistance as my child might require and accept responsibility for the payment of any expenses thus incurred. I further authorise qualified medical practitioners to administer anaesthetic and blood transfusions if such an eventuality arises.

I understand that at the State Championship the team officials will aim to provide fair & equitable playing times to all players. However this may not always be possible due to injury, illness etc. I accept that fair & equitable playing time may not be achieved for all players.

I will ensure that my son/daughter will attend all training sessions & if not notify the team officials prior to training.

I have checked that my son/daughter is available for the full duration of the state championship and understand that they will not be available for any other activities including school & community activities/sporting games during the championships.

I understand that whilst attending the State Championships my son/daughter will wear only the South West School Sport playing/travel uniform. No school, club or other representative uniforms will be worn.

I have read the South West School Sport Board Code of Conduct (Students, Parents & Spectators), understand its contents and conditions, and accept the parental responsibilities contained therein.

I acknowledge that the South West School Sport Board carries no insurance cover against accidents/injury during competition and associated activities. School Sport, particularly contact sports, carries inherent risks of injury. It is a personal decision for parents as to the type & level of private insurance they arrange to cover students for any accidental injury that may occur.

On behalf of the individual identified on this Consent Form the person or persons signing this consent form grants consent to the Department of Education and relevant medical professionals in the event of accident or illness to use, record & disclose the individual's name and other identifying information and medical history.

I understand that if I vary from the parental consent given by signing this form without approval then my child may be excluded from further involvement in South West School Sport teams.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Department of Education is bound by the Information Privacy Act 2009. DoE is collecting the information on this form for the purpose of facilitating the attendance of students at the event organised by Qld School Sport. The information provided will not be used or disclosed for any other purpose and will be held securely and protected against unauthorised access. The information will be provided to staff on a need to know basis and the privacy of the individuals whose information is provided will be respected. If you wish to access or amend the personal information provided on this form, please contact the team manager.