

# Queensland Representative School Sport



## SOUTH WEST REGION SCHOOL SPORT REGIONAL TRIAL PERMISSION STUDENT HEALTH INFORMATION FORM

To participate in this Regional Trial, students must have this form signed by:

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

**PLEASE NOTE: Students must submit the completed forms listed below to the nominated District or Regional Official prior to the commencement of the regional trial. No Forms = No Trial.**

- a) Regional Trial Permission / Consent Form,
- b) Queensland School Sport – Student Health Information

### Regional Trial Permission: Parent / Caregiver Consent

<b>Name of representative sporting event (include age group)</b>	
<b>Name of student</b>	

I hereby give consent for my child, to participate in the South West Region School Sport trials during the period from the date of this agreement, up to, and including the regional trials and I hereby give permission for him/her to use such forms of transport for travelling as may be deemed necessary.

I agree that, during the period of the competition (including training) in which my child participates, and during such travelling and other activities as may be deemed necessary, my child shall be under the sole direction of the person(s) duly appointed in charge of the team in which he/she is included.

I agree to meet the costs associated with participation in the trial or competition (including training). I also agree to meet additional costs for any illness, injury, accident or unforeseen circumstances which may occur during the period of the activity in which my child participates and during such travelling and other activities as may be deemed necessary.

PARENT / CAREGIVER NAME (Please Print)	PARENT / CAREGIVER SIGNATURE	DATE

### School Permission

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

<b>SCHOOL</b>	
<b>AUTHORISED SCHOOL DELEGATE NAME (Please Print)</b>	
<b>AUTHORISED SCHOOL DELEGATE SIGNATURE</b>	
<b>DATE</b>	



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### Section A : Parent / Carer (1) / Independent student details

Surname	Given name	Preferred name
Home address		
Mobile phone	Work phone	Home phone
Contact email		

### Parent / Carer (2) details - Optional

Surname	Given name	Preferred name
Home address (if different to student's)		
Mobile phone	Work phone	Home phone
Contact email		

### Section B: Emergency Contact Person (must be over 18yrs of age)

The emergency contact person is:	Parent / Carer 1 <input type="checkbox"/>	Parent / Carer 2 <input type="checkbox"/>
If the emergency contact is not either of the persons above, please complete the below details.		
Surname	Given name	Preferred name
Home address		
Mobile phone	Work phone	Home phone
Contact email		



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## Section C - Student health information

<b>Student name:</b>		<b>Date of birth:</b>	
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### Suspected Concussion / 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 a graduated Return to Play advice from their treating doctor?	<input type="checkbox"/> No Go to 3	<input type="checkbox"/> Yes Go to 4
3. Has the student received medical clearance to participate in the sports event at the date of signing this form?	<input type="checkbox"/> No See <b>Note</b>	<input type="checkbox"/> Yes Go to 4

Note: If your child has had concussion/ 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 (e.g. to the knee, hip, shoulder, ankle or back) which may affect their participation?	<input type="checkbox"/> No Go to 6	<input type="checkbox"/> Yes Go to 5
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
<p>7. Indicate the student's health condition/s</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Anaphylaxis</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Epilepsy</li> <li><input type="checkbox"/> Other _____</li> </ul> <p>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 / an emergency response and/or if they require additional support to manage their condition.</p>		



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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, e.g. for asthma, anaphylaxis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10. Does the student require staff to administer their medication?	<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
<p>If <b>YES</b> to any of these questions:</p> <ul style="list-style-type: none"> <li>complete the Consent to administer medication form (available in the <a href="#">Administration of medications in schools</a> procedure)</li> <li>attach the completed Consent to administer medication form and any additional advice from the health practitioner e.g. action plan, letter, medication order, to this acceptance form</li> <li>contact the student's Team Manager as soon as possible to ensure that the student's medication needs can be supported.</li> </ul>		
Other		
<p>Describe below if the student has any other health or wellbeing issues which may affect their participation in representative school sport:</p>		



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### Section D: Mouthguard consent

– for Australian football, Rugby league, Rugby union, Hockey and Water polo

<b>Student name:</b>		<b>Date of birth:</b>	
<b>Sport in which the above student is participating:</b>			
<input type="checkbox"/> Australian football	<input type="checkbox"/> Rugby league	<input type="checkbox"/> Rugby union	<input type="checkbox"/> Hockey
OR <input type="checkbox"/> other sport. <i>Go to Section H</i>			

It is a Department of Education requirement for students wishing to participate in Australian football, Rugby league, Rugby union, Hockey and Water polo to wear mouthguards. The Department of Education strongly recommends that students wear custom-fitted mouthguards.

Please refer to the [Sport Medicine Australia—Preventing Dental Injuries in Sport](#) and the [Australian Dental Association Sports Mouthguards recommendations](#) 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.

#### Section D.1: 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 in Section A will wear whilst playing this sport.

I confirm that the student listed in Section A has NO identified medical condition/s 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/letter from their treating doctor** is attached.

<b>Name of parent/carer/independent student:</b>	
<b>Signature of parent /carer/independent student:</b>	
<b>Date:</b>	





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### Section E: Consent

<b>Name of representative sporting event</b>			
<b>Name of student</b>			
<b><i>By signing this form, I agree to all the following statements:</i></b>			
<ul style="list-style-type: none"> <li>• I have read all of the information contained in this document in relation to the event (including any attached material) and will commit to participation in all aspects of the program.</li> <li>• I give consent for the student listed above to participate in the identified QRSS program.</li> <li>• To the best of my knowledge, the student named in this form is medically fit and able to participate in this representative school sport.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.</li> <li>• I give consent for child/student contact information to be shared in relation to the representative school sport event in compliance with relevant <a href="#">Queensland Chief Health Officer's Directions</a>.</li> <li>• I am aware that the department does not have personal accident insurance cover for students.</li> <li>• I will pay the Queensland Representative School Sport costs as outlined by the sport offices for the student's participation in the event.</li> <li>• 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.</li> <li>• I have reviewed the information I have provided on this form and confirm that this information is correct to date.</li> <li>• I will adhere to all QRSS program policies including the Department and QRSS Code of Conduct.</li> </ul>			
<b>Name of parent /carer/ independent student:</b>			
<b>Signature:</b>		<b>Date:</b>	

