



METROPOLITAN NORTH SCHOOL SPORT DISTRICT & REGIONAL TRIAL PERMISSION/CONSENT FORM 2019

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

- (a) Your school's authorised school delegate (Principal, Deputy Principal or Sports Co-ordinator); and
- (b) Parent or caregiver(s).

PLEASE NOTE: Students must submit the completed forms listed below to the nominated District or Regional Official, and pay the appropriate trial levy as indicated on your trial notice, prior to the commencement of the regional trial. No Forms or Prior Payment = No Trial.

- a) For both District and Regional Trial: District & Regional Trial Permission/Consent Form (this Form).
- b) For Regional Trial Only: Queensland School Sport Project Consent Form (fill in details on pg. 2 & 3 of document).

1) Parent / Caregiver Consent

I hereby give consent for my child, to participate in the Metropolitan North 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 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. 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.

I acknowledge that the Department of Education and Training (DET) does not have personal accident insurance cover for students. DET has public liability cover for all approved school activities and provides compensation for students injured at school / school events only when a case is proven. If this is not the case, then all costs associated with the injury are the responsibility of the parent or caregiver. I understand that it is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.

I have read the 'Code of Conduct (Students, Parents and Spectators)' and understand its contents and conditions (available on the Metropolitan North School Sport website). I accept the parental responsibilities contained therein and agree to respect and abide by those codes.

I understand that in making himself/herself available for selection, my child is able to fulfil **all** commitments to that sport (training, levy payments, trials and state championship), and that students who fail to meet these obligations, without reasonable cause and notice, may be ruled **ineligible for selection in all future regional teams in all sports for the next twelve months.**

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

2) Student's Agreement to the Code of Conduct

I have read and understand the 'Code of Conduct for Students' and agree to abide by its conditions. Available on the Metropolitan North School Sport website.

STUDENT NAME (Please Print)	D.O.B.	STUDENT SIGNATURE	DATE
School:			
Event Sport: e.g. 15 yrs Girls Cricket	District Trial Venue:		Date:
	Regional Trial Venue*:		Date*:

* Information available on the Met North Website – Calendar: metnorthschoolsport.eq.edu.au

School Permission

This is to advise that approval has been given for the above student to attend the following district and regional trials. If approval is subsequently withdrawn before the regional trial date (above), please advise Met North School Sport on 3634 1300.

PRINCIPAL/AUTHORISED SCHOOL DELEGATE APPROVAL NAME (please print)	SIGNATURE	DATE	SCHOOLSTAMP

STUDENT DETAILS / MEDICAL HISTORY & AUTHORISATION FORM

PLAYER DETAILS			
Surname		Given Name	
Date of Birth		School Year Level	
Home Address			Postcode
PARENT / GUARDIAN / CARER (1)			
Surname		Given Name	
		Preferred Contact #	
Contact email			
PARENT / GUARDIAN / CARER (2)			
Surname		Given Name	
		Preferred Contact #	
Contact email			
ANY RELEVANT FAMILY HISTORY			
STUDENT MEDICAL DETAILS			
Do you have asthma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you suffer from any allergies or anaphylactic reactions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If "Yes" to <u>any</u> of the above, attach your Action Plan and list Medications taken (name, amount, frequency, etc.).			
Are you currently being treated by a medical practitioner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If "Yes", write details and also list current medication (s), frequency, etc.			
Do you have an injury or condition which is likely to be aggravated by competition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If "Yes", write details:			
Medicare Card Number:			POSITION NUMBER:
Cardholder name (if not in name of student):			
Do you have Private Health Insurance? (OPTIONAL)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MEMBERSHIP NUMBER:
Name of Private Health Insurer (if covered):			
Please list any other relevant medical history or additional support needs.			

NOTE:
 It is the parents'/carers' responsibility to ensure that the student is adequately covered for medical, hospital, dental and personal accident and injury insurance. Metropolitan North School Sport will not accept financial liability for such expenses if they should arise. Where supervision of administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the team management.

MEDICAL AUTHORISATION
 I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness and guarantee to meet any costs incurred.

I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed: _____ Date: _____
 Parent/Caregiver

The Metropolitan North School Sport Office, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 in order to share this medical history with medical professionals in the event of an accident or illness. The information will only be accessed by persons authorised by Metropolitan North School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.