



SUNSHINE COAST REPRESENTATIVE SCHOOL SPORT NORTH DISTRICT TRIAL PERMISSION / CONSENT FORM 2024

Privacy Statement: The Department of Education is collecting personal information of parents of state school and non-state school students, and any other persons in attendance, in accordance with the Information Privacy principals prescribed under the Information Privacy Act 2009 (Qld), in order to record the details of parents and any other persons attending sporting events, to enable the department to comply with its obligations under the Public Health Act 2005 (Qld) and Disaster Management Act 2003 (Qld). This information will only be accessed by authorised staff within the department. Your personal information will not be given to any other person or agency without your permission or where we are required by law.

To participate in this district trial, students must have this form signed by:

- a) Your school's authorised school delegate (principal, deputy principal or sports master)
- b) Your parent or carer

Students must nominate online & submit the completed forms listed below to the nominated district official prior to the commencement of the district trial. No Forms or Online Registration = No Trial

- a) District Trial Permission / Consent Form (this form)
- b) Student Health Information Form
- c) Mouthguard Consent Form (only Australian Football, Hockey, Rugby League, Rugby Union and Water Polo)
- d) Complete the Online registration for the nominated sport.

STUDENT DETAILS			
Name		Date of Birth	
MAIN PARENT / CARER DETAILS			
Parent Name		Mobile	
Contact email		Contact Ph	
ADDITIONAL EMERGENCY CONTACT DETAILS			
Name			
Relationship to student		Contact Ph	

1) Parent / Carer Consent

I hereby give consent for my child to participate in this Sunshine Coast Representative School Sport district trial during the period from the date of this agreement, up to and including the regional trials.

- I agree that, during the period of the competition in which my child participates in 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 they are included.

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

2) School Permission

This is to advise that approval has been given for the student listed below to attend the following district trial.

Name:		Sport:	
School:		Age / gender division:	

AUTHORISED SCHOOL DELEGATE NAME (please print)	SIGNATURE	DATE



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:	



Queensland School Sport

Section 2: Health conditions		
2.1. Does the student have any health conditions?	<input type="checkbox"/> No Go to 2.3	<input type="checkbox"/> Yes Go to 2.2
2.2 Indicate the student's health conditions/s		
<input type="checkbox"/> Asthma	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="checkbox"/> Anaphylaxis	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="checkbox"/> Diabetes	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="checkbox"/> Epilepsy	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Attach any 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	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
2.3. Has the student had any recent head injuries or concussion?	<input type="checkbox"/> No	<input type="checkbox"/> 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 (e.g. to the knee, hip, shoulder, ankle or back) which may affect their participation?	<input type="checkbox"/> No Go to 2.6	<input type="checkbox"/> 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.	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Section 3: Medication requirements		
3.1. Will the student require medication during this activity?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.2. Does the student require staff to administer their medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.3. Does the student have parent approval to self-administer their medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If YES to any of these questions: <ul style="list-style-type: none"> 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 <i>Consent to administer medication</i> form. 		



Queensland School Sport

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 reasonable 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:

