

CONSENT STATEMENT BY PARENT/GUARDIAN

Student Name: _____ **Team:** _____

The Hervey Bay District School Sports Management Group, as an operational unit of the Department of Education and Training, is collecting this information in accordance with the Information Privacy Act 2009, in order to obtain relevant personal information regarding this student participating at Hervey Bay District trials or representing a Hervey Bay District School Sport team.

This information will only be accessed by persons authorised by Hervey Bay District, including the appointed District Team Officials. Relevant contact information will be passed on to Wide Bay School Sport for any students selected in the Hervey Bay District Team. This information will not be given 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 safety under Duty of Care.

Section 1: Parental Consent

I hereby give consent for my son / daughter, to take part in the Hervey Bay District/Wide Bay Trials. 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 team in which he / she is included.

I agree to meet the costs associated with participation in this activity, and accept that I may incur a cancellation fee for late notification in cancelling travel bookings. I also agree to meet additional costs for any accident, illness, injury, or other unforeseen circumstances which may occur during the period of the Trials in which my son / daughter participates. This also includes the period of travel.

<i>Parent/ Caregiver Name:</i>	<i>Signature:</i>	<i>Date:</i>
<i>Student participant Name:</i>	<i>Signature:</i>	<i>Date:</i>

Section 2: Personal Information and Contact Details
Parental and Emergency Contact Information

Parent's Name 1:		
Emergency Contact Numbers:	Home/Work:	Mobile:
Email Address:		

Parent's Name 2:		
Emergency Contact Numbers:	Home/Work:	Mobile:
Email Address:		

Another Emergency Contact (if both Parents are unavailable):		
Emergency Contact Numbers:	Home/Work:	Mobile:

Is there any relevant Family History (non-medical) that Hervey Bay District School Sport or the appointed Team Officials need to be aware of during the conduct of the team activities?

I hereby give consent for the appointed District Team Officials or Hervey Bay District School Sport to contact these numbers for the purpose of communicating team-related activities to the people identified above for contact in case of emergency. I also give permission for my contact details to be passed on to Wide Bay School Sport for student selection details.

Parent signature: _____ ***Date:*** _____

Player's Information:

Player's Full Name:		Date of Birth:
Home Address:		
Home Telephone Number:	Mobile Number:	
School / College:		
If the above is a student's mobile number, the following Consent section MUST be completed.		
<i>I hereby give consent for the appointed District Team Officials or Hervey Bay District Secondary School Sports Management Group to contact this number for the purpose of communicating team-related activities to this student or for contact in case of emergency.</i>		
Parent signature:		Date:

Section 3: Medical Details and Consent

Immunisation Details (Please complete and list any others as appropriate)			
Injection	Yes	No	Date of Injection
Tetanus			
Hepatitis B			

Do you suffer from asthma? <i>If Yes, please list medication and dosage</i>	Yes	No
Do you have any Allergies? <i>If Yes, please list full details, including medication/ dosage</i>	Yes	No
Are you currently being treated by a medical practitioner? <i>If Yes, please list details and any current medications and dosage. NOTE: Please list any current medication.</i>	Yes	No
Are you suffering from an injury or condition which is likely to be aggravated by competition? <i>If Yes, please list all details</i>	Yes	No
Medicare Card Number:		
Cardholder Name (if not in name of student):		
Private Health Insurance Company Name & Membership Number (if applicable):		
Please list any other relevant medical history:		

Medical Authorisation

- I acknowledge that the Hervey Bay District School Sports Management Group (as an operational unit of the Queensland Government, Department of Education and Training) does not have personal accident insurance cover for students and as such, will not accept financial liability for any Medical, Hospital or Dental expenses if they should arise.
- Where supervision of the 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, including specific medications, their dosage and the administration of these to the student.
- 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.

Parent Signature:

Date: