

# Queensland School Sport

## 5.0(a) Acceptance of Invitation & Parental Consent / Medical Declaration Form

<b>SPORT:</b>		
<b>For Track &amp; Field mark (✓) for all events participating in.</b>	<input type="checkbox"/> Discus <input type="checkbox"/> Hammer Throw <input type="checkbox"/> High Jump <input type="checkbox"/> Javelin <input type="checkbox"/> Long Jump <input type="checkbox"/> Triple Jump <input type="checkbox"/> Pole Vault <input type="checkbox"/> Shot Put <input type="checkbox"/> Track Events	
<p>I accept the invitation for my child, _____ to be a team member and hereby give consent for my child to take part in any activity arranged by, or participated in, by Queensland School Sport in the sports listed above. I also give my permission for him / her to use such forms of transport for travelling as may be necessary.</p> <p>I agree:</p> <ol style="list-style-type: none"> <li>That my child, in accepting a position in the team, will commit to full participation in the team's program.</li> <li>That during the period of the competition in which my child participates, and other team activities as deemed necessary, my child shall be under the sole direction of the person or persons appointed in charge of the team. Duty of care is also given to these officials when team travel is a requirement.</li> <li>That if independent travel and/or accommodation is required, I will make the necessary arrangements and ensure that suitable adult supervision is provided for my child while not at the competition venue.</li> <li>That if team travel is required my child may travel in flights and/or ground transport arranged by QSS. I understand that ground transport vehicles will be driven by suitably licenced team officials and/or by commercial drivers as indicated in 'Team bulletin'.</li> <li>To meet the costs associated with this activity which include competition, team management and player levy in addition to administration fees and education excursion costs. I accept that I may incur a cancellation fee for late notification in cancelling travel bookings as outlined in the Queensland School Sport Flight Terms and Conditions <a href="https://queenslandsschoolsport.eq.edu.au">https://queenslandsschoolsport.eq.edu.au</a>.</li> <li>To meet additional costs for any accident, illness, injury, or other unforeseen circumstances which may occur during the period of the activity in which my child participates. This also includes the period of travel.</li> <li>To the sharing of my child's personal information under the conditions outlined in 'Invitation to be a Team Member'.</li> <li>I understand that the school principal must approve my child's participation in the team. If the principal does not give his or her approval then my child will not be eligible to participate in the team.</li> </ol> <p>I have read the team member's Code of Conduct, understand its contents and conditions, and accept the parental responsibilities contained therein. I have also read the Codes of Conduct for parents and spectators and agree to respect and abide by those codes.</p>		
<b>Name of Parent / Caregiver</b>		
<b>Signature of Parent / Caregiver</b>		<b>Date</b>

SIGN HERE

### Student's Agreement to the Code of Conduct

<p>I, _____, have read and understand the Team Members / Student Officials' Code of Conduct and agree to abide by its conditions.</p>		
<b>Signature</b>		<b>Date</b>

SIGN HERE

## MEDICAL DECLARATION

<b>Surname</b>		<b>Given Name</b>	
<b>Immunisation Details</b> (Please complete. List others as appropriate).			
<b>Injection</b>			<b>Date of Injection</b>
Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Do you get asthma?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is your asthma, Exercise induced asthma?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to any of the above, list medication and attach Action Plan.			
<b>Do you suffer from Anaphylactic reactions?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, list medication and attach Action Plan.			
<b>Are you currently being treated by a medical practitioner?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, list details. NOTE: Please list any current medication.			
<p>I _____ (name of parent/caregiver) confirm that my child</p> <p><input type="checkbox"/> has <b>NO</b> identified medical condition/s that may impact on their safe participation in the sport or track and field events indicated.</p> <p><b>OR</b></p> <p><input type="checkbox"/> has an identified medical condition/s that may impact on the safe participation of themselves or others or likely to be aggravated by participation in the sport or track and field events indicated. List details below and provide medical clearance.</p>			
<b>Medicare Card No</b>		Position No.	
Cardholder Name (if not in name of student)			
Private Health Insurance Company Name (if covered)			
Private Health Insurance Membership Number			
<b>Please list any other relevant medical history or additional support needs:</b>			
<p><b>NOTE:</b> It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident &amp; Injury Insurance. Queensland School Sport will not accept financial liability for such 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.</p>			
<b>Medical Authorisation</b>			
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.			
<b>Name of Parent / Caregiver</b>			
<b>Signature of Parent / Caregiver</b>		<b>Date</b>	<b>SIGN HERE</b>

Queensland School Sport, 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 Queensland 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.