# School Sport SA Sapsasa Athletics event consent form USE

### Student information

|  |  |  |  |
| --- | --- | --- | --- |
| District: | UPPER SOUTH EAST | Playing experience and/or positions |       |
| Sport/ event: | ATHLETICS  |
| Student’s name: |       |
| Polo top size (required if selected): | 10 12 14 16 ADULT SMALL ADULT MEDIUM ADULT LARGE (Please circle) |
| School: |       |
| Year level: |       | Date of birth: |       |
| Gender: |  [ ]  M [ ]  F |
| School card holder: |  [ ]  Y [ ]  N |
| Aboriginal / Torres Strait Islander: |  [ ]  Y [ ]  N |
| English as an Additional Language or Dialect (EALD): |  [ ]  Y [ ]  N |

### Parent/Caregiver Information

|  |  |
| --- | --- |
| Parent/Caregiver name: |       |
| Home address: |       |
| Email: |       |
| Mobile: |       | Home phone: |       |

### Transport

A parent/caregiver must organise transport for any Sapsasa trial or event so that their child is dropped off and collected at the nominated times. Please confirm departure with the team coach. (Parents often organise car pools to help avoid disruptions to work etc., it is important to inform your school if you make this type of arrangement)

### Permissions

| I agree to delegate my authority to supervising teachers/ managers. Such supervisors may take whatever action they deem necessary to ensure the safety and wellbeing of the student in their care. | [ ]  Y [ ]  N |
| --- | --- |
| I give permission for my child to attend the district trial and to be considered for selection. | [ ]  Y [ ]  N |
| **Commitment to Pay**I am aware that this is an optional activity and a levy will be applied and that unless payment or written commitment to pay has been received that my child will not attend. I therefore agree to pay the required cost by the due date. | [ ]  Y [ ]  N |
| I give permission for team officials to obtain medical or dental treatment for my child if necessary. | [ ]  Y [ ]  N |
| I accept any responsibility for any cost involved with medical or dental treatment my child receives. | [ ]  Y [ ]  N |
| I give permission for the Department for Education School Sport Team to create/use:* photographs, video or audio recordings of my child
* my child’s name and school name

and to distribute them in the following locations* printed publications (eg newsletters, promotion material)
* secure intranet websites
* publicly accessible websites, including social media accounts
 | [ ]  Y [ ]  N |

| Signed: |  | Date : |  |
| --- | --- | --- | --- |

Please note: School Sport SA nor Department for Education insure children against accidents. Parents are strongly encouraged to insure their children against accidental injury and ambulance transportation. Special insurance policies that provide 24 hour cover are available through private insurance companies.

### This form must be given to your school front office staff. Office staff will scan and e-mail a copy of this form to carol.pfitzner242@schools.sa.edu.au (District Convenor).

## Student health information sheet C:\Users\User\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\1R6O3R1C\Upper South East (A4957616).jpg

|  |  |
| --- | --- |
| Student's name: |       |
| School: |       |
| Parent / carer name: |       |
| Mobile: |       | Alternative number: |       |
| Alternative contact name: |       |
| Mobile: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Alternative number: |       |
| Family doctor / clinic: |       |
| Phone: |       |

**Note: Health information**

Any health information given will not prevent the student from taking park in the event unless further medical advices warrants exclusion. The information requested on the student health information sheet will be considered confidential by School Sport SA and will be treated accordingly. The information is sought in order to protect and assist the student so that the activity may be a safe and enjoyable experience. Please attach extra sheets if required and contact the manager to discuss any particular student health problems.

### Student general health information

**Medical conditions**

Does the student have any medical conditions or health problems? Yes [ ]  No [ ]

If yes, please provide a health care plan verified by your doctor.

Please list any allergies or dietary requirements:

|  |
| --- |
|       |

Management issues

*Please include only information that team officials need to care for this person*

|  |
| --- |
|       |

Has the student received a complete course of Tetanus Toxoid immunisation? Yes [ ]  No [ ]

|  |  |
| --- | --- |
| Medicare number: |  |
| Private health fund name and number: |  |
| Ambulance cover: | Yes [ ]  | No [ ]  | Subscription number: |  |

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