

School Sport SA

Sapsasa event consent form

District:	Upper South East		
Sport/ event:	Cross Country - Oakbank		
Dates:	6 th June		
Child's name:		Date of birth:	
School:			

Travel and accommodation

A parent/caregiver must drop off and collect the student at the agreed time and confirm departure with a team official. If the student is not staying 'at home' for the event please list the accommodation details below.

Accommodation details:	NA
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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.	<input type="checkbox"/> Y <input type="checkbox"/> N
I give permission for my child to attend the district trial and to be considered for selection.	<input type="checkbox"/> Y <input type="checkbox"/> 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.	<input type="checkbox"/> Y <input type="checkbox"/> N
I give permission for team officials to obtain medical or dental treatment for my child if necessary.	<input type="checkbox"/> Y <input type="checkbox"/> N
I accept any responsibility for any cost involved with medical or dental treatment my child receives.	<input type="checkbox"/> Y <input type="checkbox"/> N
I give permission for the DECD School Sport Team to create/use: <ul style="list-style-type: none">• photographs, video or audio recordings of my child• my child's name and school name and to distribute them in the following locations <ul style="list-style-type: none">• printed publications (eg newsletters, promotion material)• secure intranet websites• publicly accessible websites, including social media accounts	<input type="checkbox"/> Y <input type="checkbox"/> N

Signed: _____ Date : _____

Please note: School Sport SA nor DECD 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.

Do not send this form to School Sport SA, but give it to your **district coach**



Student health information sheet

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 part in the event unless further medical advice 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

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Management issues

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

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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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