



Darling Downs School Sport Board PARENTAL CONSENT FORM



As a Parent/Guardian of _____

I, _____ give my consent for her/him to participate in the competition arranged by or participated in by Education Queensland Darling Downs School Sport Board and agree to delegate my authority to the persons duly appointed in charge of the squad and/or team in which she/he is involved.

I hereby give my consent for him/her to use such known forms of transport, including air transport, for such travelling as may be deemed necessary by the organisers, team officials or Education Queensland.

I agree that, during the period/s of the aforesaid competitions in which my son/daughter participates and during such travelling and other activities as may be deemed necessary, my son/daughter shall be under the sole direction of the person/s duly appointed in charge of the squad/s and/or team/s in which he/she is included.

Such persons may take whatever reasonable disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually in the above mentioned activity.

I agree that my son/daughter must wear a mouthguard when participating in AFL, Rugby Union, Rugby League, Hockey and Water Polo. The Department strongly recommends that students wear custom-fitted mouthguards. I understand that mouth protection is mandatory in these sports. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection my child will wear whilst playing these sports.

Students with a medical condition that may impact on their safety during participation in sporting activities must be cleared by a medical practitioner to participate in the activity.

I also agree that my son/daughter is responsible for sun protection by providing his/her own hats and an SPF 15+ broad spectrum sunscreen.

I submit the attached medical information about the above student and include details of limitations which she/he has for the activities concerned.

In the event of any illness or accident, I authorise the obtaining on my behalf of such medical or ambulance assistance as my child might require and accept responsibility for the payment of any expenses thus incurred. I further authorise qualified medical practitioners to administer anaesthetic and blood transfusions if such an eventuality arises.

I understand that at the State Championship the team officials will aim to provide fair & equitable playing times to all players but this may change depending of the team's position in the state championships and the state of the games being played. I accept that fair & equitable playing time may not be achieved for all players.

I will ensure that my son/daughter will attend all training sessions & if not notify the team officials prior to training.

I have checked that my son/daughter is available for the full duration of the state championship and understand that they will not be available for any other activities including school & community activities/sporting games during the championships.

I agree that my son/daughter will remain until the conclusion of the State Championship closing ceremony for all team sports.

I understand that whilst attending the State Championships my son/daughter will wear only the Darling Downs School Sport playing/travel uniform. No school, club or other representative uniforms will be worn.

I have read the Darling Downs School Sport Board Code of Conduct (Students, Parents & Spectators), understand its contents and conditions, and accept the parental responsibilities contained therein.

I acknowledge that the Darling Downs School Sport Board carries no insurance cover against accidents/injury during competition and associated activities. School Sport, particularly contact sports, carries inherent risks of injury. It is a personal decision for parents as to the type & level of private insurance they arrange to cover students for any accidental injury that may occur.

On behalf of the individual identified on this Consent Form the person or persons signing this consent form grants consent to the Department of Education & Training and relevant medical professionals in the event of accident or illness to use, record & disclose the individual's name and other identifying information and medical history.

I understand that if I vary from the parental consent given by signing this form without approval then my child may be excluded from further involvement in Darling Downs School Sport teams.

Parent/Guardian Signature: _____ Date: _____

Darling Downs 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 for the purpose of contacting you in regard to your child's participation in a Darling Downs School Sport Team. The information will only be accessed by persons authorised by Darling Downs School Sport, including appointed regional 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