

## **Student Health Information – Queensland Representative School Sport**

### **Privacy Notice**

The Department of Education (DoE), through Queensland Representative School Sport is collecting personal information in this form in order to support the health needs of students during representative school sport activities. The forms will be collected by the Team Officials, who will provide them to department staff involved in the running of the event and first aiders/health professionals engaged if the student requires first aid and/or health support during the sporting event.

*Instructions for completing this form - 2026*

1. Complete Sections 1 to 5 of this form.
2. Complete the attached Consent to administer medication form (if required).
3. Attach a copy of any Emergency Health Plans or Action Plans from the student's health practitioner or doctor that support the student's health needs (if required).
4. Contact the Team Official to discuss arrangements if the student has a condition that may require medication as an emergency response and/or if they require additional support to manage their condition.
5. Return the completed form and any attachments to the Team Official by requested date.

### **Insurance**

The Department of Education does not have personal accident insurance cover for students. If a student is injured as a result of an accident or incident while participating in representative school sport, all costs associated with the injury, including medical costs are the responsibility of the student's parent/carer or adult student themselves.

## **Student Health Information - 2026**

Section 1: Student Details				
<b>Student Name</b>				
<b>Date of Birth</b>		<b>Year Level</b>		
<b>Parent/Carer/Contact Name</b>				
<b>Contact Phone Numbers:</b>	<b>Home:</b>		<b>Work:</b>	
	<b>Mob:</b>		<b>Emergency:</b>	
<b>Medical Practitioner Name</b>				
<b>Practice Name</b>		<b>Contact Number</b>		

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### Section 2: Health Conditions

2.1. Does the student have any health conditions?	<input type="checkbox"/> No Go to 2.3	<input type="checkbox"/> Yes Go to 2.2																				
2.2. Indicate the student's health condition/s  <table border="0"> <tr> <td><input type="checkbox"/> Asthma</td> <td>Emergency Health Plan / Action Plan attached</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Anaphylaxis</td> <td>Emergency Health Plan / Action Plan attached</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td>Emergency Health Plan / Action Plan attached</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy</td> <td>Emergency Health Plan / Action Plan attached</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other _____</td> </tr> </table> <p>Attach any Emergency Health Plans or Action Plans relating to the condition and contact the Team Official as soon as possible to discuss any support required to manage the student's health condition, especially if the student requires medication / an emergency response and/or if they require additional support to manage their condition.</p> <p>Other Emergency Health Plan / Action Plan attached <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>			<input type="checkbox"/> Asthma	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> Anaphylaxis	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> Diabetes	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> Epilepsy	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Asthma	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A																			
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<input type="checkbox"/> Epilepsy	Emergency Health Plan / Action Plan attached	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A																			
<input type="checkbox"/> Other _____																						
2.3 Has the student had any recent head injuries or concussion? Describe the injury and treatment Injury details:	<input type="checkbox"/> No Date of injury: Management of injury:	<input type="checkbox"/> Yes																				
2.4. Does the student have any current or previous sprains, strains or other injuries (e.g. to the knee, hip, shoulder, ankle or back) which may affect their participation?	<input type="checkbox"/> No Go to 2.6	<input type="checkbox"/> Yes Go to 2.5																				
2.5. Describe the injury and recent treatment:																						
2.6 Is the student medically fit to participate in this sports event?  A medical clearance specific to the sport may be required prior to participation in the activity	<input type="checkbox"/> No	<input type="checkbox"/> Yes																				

### Section 3: Medication requirements

3.1 Will the student require medication during this activity?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.2 Does the student require staff to administer their medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.3 Does the student have parent approval to self-administer their medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If <b>YES</b> to any of these questions: <ul style="list-style-type: none"> <li>Complete the <i>Consent to administer medication</i> form (attached) and any additional advice from the health practitioner e.g. action plan, letter, medication order</li> <li>Contact the student's Team Official as soon as possible to ensure that the student's medication needs can be supported.</li> </ul>		

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## Section 4: Other

3.4 Describe below if the student has any other health related issues which may affect their participation in representative school sport:

## Section 5: Consent

<b>Name of Representative Sporting Event</b>				
<b>Name of Student</b>				
<p><b>Please read the following conditions of participation and indicate your agreement by signing below:</b></p> <ul style="list-style-type: none"> <li>I have reviewed the information I have provided on this form and confirm that this information is correct.</li> <li>To the best of my knowledge, the student named in this form is medically fit and able to participate in this representative sporting event.</li> <li>I will notify the Team Official if there is a change in any health conditions detailed above or if the student is no longer medically fit or able to participate for health/injury reasons in this representative sporting event.</li> <li>I agree that should the student be medically unfit to participate fully in the representative school sport activity for which they have been selected, they may be required to withdraw.</li> <li>I am aware that the department does not have any personal accident insurance cover for students.</li> <li>In the event of an accident or illness, staff may obtain or administer any medical assistance or treatment that the student named in this form may reasonably require.</li> <li>I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including transportation costs) and will undertake to reimburse the department the full amount of those costs.</li> </ul>				
<b>Name of Parent or Carer</b>				
<b>Written Signature</b>	<table border="1"> <tr> <td></td> <td><b>Date:</b></td> <td></td> </tr> </table>		<b>Date:</b>	
	<b>Date:</b>			