

ARCHDIOCESE OF CANBERRA AND GOULBURN CONSENT FORM

SPORT :LOCATION: DATE:

STUDENT DETAILS:

Surname:..... Christian or Given:.....
 Date of Birth:..... School:.....
 Town:..... Home Phone Number:.....

PARENT/GUARDIAN DETAILS:

Surname:..... Christian or Given:.....
 Email:.....

EMERGENCY CONTACT:

Name:..... Phone:

STUDENT MEDICAL DETAILS:

Please circle and explain below.

Heart Problems	YES / NO	Blood Pressure	YES / NO
Respiratory Problems	YES / NO	Operations	YES / NO
Allergies	YES / NO	Recent Illness	YES / NO
Travel Sickness	YES / NO	Drugs Required	YES / NO
Drugs Reactions (e.g., penicillin allergy)			YES / NO
Is there any relevant medical information, relating to your child taking part in any swimming/ aquatic activities?			YES / NO
Date of last Tetanus injection			

Explanation/Other information? If yes please ensure all labelled medication is taken to event

.....
 Medicare or Medical Benefits No:

PARENT/GUARDIAN CONSENT:

As a Parent/Guardian of I give my consent for him/her to participate in the.....(nominate the event) and agree to delegate my authority to the staff and instructors involved.

Such teachers and instructors may take whatever 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 also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above-mentioned student.

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

I agree to pay the necessary costs levied on each competitor selected in the team.

I further authorise qualified medical practitioners to administer anaesthetic if such an eventuality arises.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I have sighted the Code of Conduct and agree that if my child seriously contravenes behavioural expectations he/she may be immediately excluded from the team.

I give permission for images taken at these events of my child to be used in Catholic Education Office publications, both print and electronic.

Parent/Guardian Signature: **Date:**

CODE OF CONDUCT:

As a **TEAM MEMBER** I agree that I will:

- ❖ At all times cooperate with the coach, teammates and opponents without whom we do not have a competition.
- ❖ Work equally hard for myself and for my team.

Student Signature:

- ❖ Be a good sport and encourage fellow team members.
- ❖ Control my temper and make no criticism by word or gesture.
- ❖ Follow instructions given by the team manager.
- ❖ Remain with my team in the allocated area when not competing.
- ❖ Compete by the rules and always abide by the referees/umpires decision.

PRINCIPAL/SCHOOL EXEC DECLARATION:

I certify that the student listed above is enrolled at this school. I have verified that the date of birth as stated is correct. He/she has the school authority to represent on this occasion.

Signed: **Date:**

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Signed: **Date:**

