



Parental Permission/Student Medical Information

Students Name: _____ School: _____ Date of Birth: ___/___/___ Male / Female

Sport Trial Attending: _____ Date of Trial: _____

Preferred Playing Positions (Please list 2 if possible): _____

Emergency Contact Name and Phone Number: _____

Student Medical Information I submit the following medical information about the above student and include details of limitations which she/he has for the activity concerned.

| | | | |
|--|----------------------|--|---|
| Does/has the student suffered from - | | (detail current medication/management) | |
| a. | Allergies | Yes / No | _____ |
| b. | Asthma | Yes / No | _____ |
| c. | Blood pressure | Yes / No | _____ |
| d. | Drug reaction | Yes / No | _____ |
| e. | Epilepsy | Yes / No | _____ |
| f. | Heart problems | Yes / No | _____ |
| g. | Operations | Yes / No | _____ |
| h. | Phobias | Yes / No | _____ |
| i. | Recent illness | Yes / No | _____ |
| j. | Respiratory problems | Yes / No | _____ |
| k. | Travel sickness | Yes / No | _____ |
| Detail any other medical /injuries / problems which may limit participation in the activity _____ | | | |
| Immunisation Record - | | Hepatitis B | Yes / No |
| Other | | Year _____ | Tetanus |
| | | Yes / No | Year _____ |
| Detail any medication(s) your daughter/son/ward is currently using _____ | | | |
| Does your daughter/son/ward have - | | | |
| Medicare Card | Yes / No | Card No. _____ | Expiry date ___/___/___ cardholder name _____ |
| Private Health Ins | Yes / No | With _____ | Expiry date ___/___/___ cardholder name _____ |
| | | Card No. _____ | Category _____ |

Playing history:

Principal's Declaration

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- He/she has the school authority to represent on this occasion.
- A copy of this consent form will be retained by my school.

SIGNED: _____ (Principal or Sports Coordinator) _____ (Date)

Parental/Caregiver Consent

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand that teachers will provide supervision at the event.
- I understand that transport to and from the event is my responsibility and that the arrival and departure arrangements are also responsibility of the parent/caregivers unless otherwise specified.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- I understand that mouth protection is mandatory in this sport (AFL, RU, RL, Water Polo, Hockey). I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection I/my child will wear whilst playing this sport.

SIGNED: _____



RDSS School Sport



Form 2G Mouthguard

(Rugby League, AFL, Rugby Union, Hockey, Water Polo and European Handball only)

| | | |
|-------------------|--|-------------------------------|
| Surname | | |
| Given Name | | Male / Female (Please circle) |

As it is now a mandatory requirement for students to wear mouthguards for the above listed sporting activities, the Department of Education strongly recommends that students wear custom-fitted mouthguards. Here are some links with recommendations on the type/style of mouthguard required.

[Sport Medicine Australia – Dental Injuries](#)

[Australian Dental Association](#)

Students with a medical condition that may impact on their safety during participation in this activity must be cleared by a medical practitioner to participate in this activity. A medical certificate relating to the wearing of mouthguards (on official letterhead) **must be supplied** with this form to guarantee your child's participation in this activity.

| | |
|---|------------------|
| I understand that mouth protection is mandatory in this sport. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection I/my child will wear whilst playing this sport. | |
| (sign below) | (sign below) |
| Parent/Guardian | Student |

| |
|---|
| Please list any other relevant medical history |
| |

NOTE: It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Capricornia School Sport will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management.

Capricornia School Sport, as an operational unit of the Department of Education, Training and Employment is collecting the information on this form in accordance with the Information Privacy Act 2009 in order to share this medical history with medical professionals in the event of an accident or illness. The information will only be accessed by persons authorised by Capricornia School Sport including appointed 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 healthy and welfare.