





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 Year Tetanus Yes / No Year
Other
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 Card No. Expiry date cardholder name
Category
Have you been diagnosed as having Covid 19? Yes / No
Have you had contact with a known Covid 19 case in the last 14 days? Yes / No
Have you returned from overseas travel in the past 14 days? Yes / No

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: