





### 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 _____
	Other	Yes / No	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 _____
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 /my child will wear whilst playing this sport.

SIGNED: \_\_\_\_\_