



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, Phone Number and email: _____

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 _____	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 I/my child will wear whilst playing this sport.

SIGNED: _____