To participate in this District/Regional Trial, students must have this form signed by:
(a) Your school’s authorised school delegate (Principal, Deputy Principal or Sports Co-ordinator); and
(b) Parent or caregiver(s).

PLEASE NOTE: Students must submit the completed forms listed below to the nominated District or Regional Official, and pay the appropriate trial levy as indicated on your trial notice, prior to the commencement of the regional trial. No Forms or Prior Payment = No Trial.

a) For both District and Regional Trial: District & Regional Trial Permission/Consent Form (this Form).
b) For Regional Trial Only: Queensland School Sport Project Consent Form (fill in details on pg. 2 & 3 of document).

1) Parent / Caregiver Consent

I hereby give consent for my child, to participate in the Metropolitan North Region School Sport Trials during the period from the date of this agreement, up to, and including the regional trials and I hereby give permission for him/her to use such forms of transport for travelling as may be deemed necessary.

I agree that, during the period of the competition in which my child participates, and during such travelling and other activities as may be deemed necessary, my child shall be under the sole direction of the person(s) duly appointed in charge of the team in which he/she is included.

I agree to meet the costs associated with participation in the trial or competition. I also agree to meet additional costs for any illness; injury, accident or unforeseen circumstances which may occur during the period of the activity in which my child participates and during such travelling and other activities as may be deemed necessary.

I acknowledge that the Department of Education (DoE) does not have personal accident insurance cover for students. DoE has public liability cover for all approved school activities and provides compensation for students injured at school / school events only when a case is proven. If this is not the case, then all costs associated with the injury are the responsibility of the parent or caregiver. I understand that it is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.

I have read the ‘Code of Conduct (Students, Parents and Spectators)’ and understand its contents and conditions (available on the Metropolitan North School Sport website). I accept the parental responsibilities contained therein and agree to respect and abide by those codes.

I understand that in making himself/herself available for selection, my child is able to fulfil all commitments to that sport (training, levy payments, trials and state championship), and that students who fail to meet these obligations, without reasonable cause and notice, may be ruled ineligible for selection in all future regional teams in all sports for the next twelve months.

2) Student’s Agreement to the Code of Conduct

I have read and understand the ‘Code of Conduct for Students’ and agree to abide by its conditions. Available on the Metropolitan North School Sport website.

2) School Permission

This is to advise that approval has been given for the above student to attend the following district and regional trials. If approval is subsequently withdrawn before the regional trial date (above), please advise Met North School Sport on 3634 1300.

Amended: 29 January 2019
# STUDENT DETAILS / MEDICAL HISTORY & AUTHORISATION FORM

## PLAYER DETAILS
<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
<th>Date of Birth</th>
<th>School Year Level</th>
<th>Postcode</th>
</tr>
</thead>
</table>

## PARENT/GUARDIAN/CARER (1)
<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
<th>Preferred Contact #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PARENT/GUARDIAN/CARER (2)
<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
<th>Preferred Contact #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## ANY RELEVANT FAMILY HISTORY

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

## STUDENT MEDICAL DETAILS

- Do you have asthma? [Y/N]
- Do you suffer from any allergies or anaphylactic reactions? [Y/N]
  If "Yes" to any of the above, attach your Action Plan and list Medications taken (name, amount, frequency, etc.).

- Are you currently being treated by a medical practitioner? [Y/N]
  If "Yes", write details and also list current medication(s), frequency, etc.

- Do you have an injury or condition which is likely to be aggravated by competition? [Y/N]
  If "Yes", write details:

## Medicare Card Number:
Cardholder name (if not in name of student):
Do you have Private Health Insurance? (OPTIONAL) [Y/N]
Name of Private Health Insurer (if covered):

<table>
<thead>
<tr>
<th>POSITION NUMBER:</th>
</tr>
</thead>
</table>

Please list any other relevant medical history or additional support needs.

## MEDICAL AUTHORISATION

I understand that mouth protection is mandatory in some sports (Australian Football, Hockey, Rugby League, Rugby Union and Water Polo). 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.

I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness and guarantee to meet any costs incurred.

I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed: ___________________________ Date: ___________________________

Parent/Caregiver

---

**NOTE:**
It is the parents’/carers’ responsibility to ensure that the student is adequately covered for medical, hospital, dental and personal accident and injury insurance. Metropolitan North School Sport will not accept financial liability for such expenses if they should arise. Where supervision of 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.

**MEDICAL AUTHORISATION**
I understand that mouth protection is mandatory in some sports (Australian Football, Hockey, Rugby League, Rugby Union and Water Polo). 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.

I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness and guarantee to meet any costs incurred.

I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed: ___________________________ Date: ___________________________

Parent/Caregiver

---

The Metropolitan North School Sport Office, as an operational unit of the Department of Education, 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 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 health and welfare.

Amended: 29 January 2019