

*Safe, Respectful Learners*

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23 May 2013

2013 PSSA Gala Day Consent Form**1. Student Details (please print clearly)**

Student Full Name: _____

Parent/ Carer Full Name: _____

Address: _____

Post Code _____

Date of Birth: _____

Phone: _____

(Home)

(Work)

(Mobile)

2. Medicare Details

Medicare Number: _____

Expiry Date: _____

The date of my child's last tetanus injection was: _____

My child is allergic to: _____

Any medical details or special needs which the coach might need to know: _____

3. Medical Insurance

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Communities for students in relation to sporting activities, physical education lessons or any other school activity. Parents and carers are advised to access the level and extent of their child's involvement in the sport program offered by the school, school sport zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through normal retail insurance outlets.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed or the use of some prescribed part of the body. Further information can be obtained from www.sportinginjuries.com.au

4. Privacy Notice

The personal information provided on this permission note, will be used by the Department of Education and Communities for general administration and communication and other matters of welfare relating to your child at the event. While the provision is voluntary, it is strongly recommended that all details be completed. Failure to do so, may impede the resolution of welfare issues should you not be able to be contacted. This information will be stored securely.

5. Parental Consent

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand that my child will be under the indirect supervision of a Team Coach and will not be allowed to visit friends or relatives without the written permission of the Coach.
- I understand that, at times, my child may be under the indirect supervision of a Team Coach from another school.
- I have sighted the enclosed Codes of Behaviour and agree that if my child contravenes behavioural expectations, he/she may be excluded from the team. Should this eventuate, I accept full responsibility for my child upon notification of his/her exclusion by the coach.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child may require, I hereby give my permission for the administration of an anaesthetic, if deemed necessary by the medical officer attending, I accept full responsibility for all expenses incurred.
- To the best of my knowledge, my child has no medical condition or injury that places them at risk of participating in this sport activity.
- **I understand that an up-front payment will be required at the beginning of each PSSA season to cover the cost of the bus fare to and from the sporting venues.**

Signed: _____

(Parent/Carer)

Date: _____