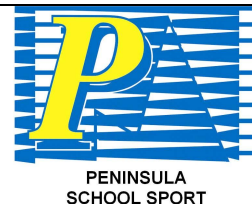


Peninsula School Sport PERMISSION / DETAILS BOOKLET



PENINSULA
SCHOOL SPORT

Updated December 2023

- NB. (Make sure you have the latest version of **Adobe Reader** installed on your operating system).
This document has been designed as an electronic version for your convenience.

BOOKLET INCLUDES THE FOLLOWING FORMS

- Authority & Consent
- Availability / Non Availability for Selection
- Parental Consent
- Student Details
- Medical Details
- Mouthguard Consent
- Project Consent
- Code of Conduct – Team Members
- Code of Conduct – Parents & Spectators

DETAILS

Surname :	First Name :
Date of Birth :	Gender :
School :	District :
Phone (Home) :	Mobile (Parents):
	Mobile (Students) :
Parent's Email address :	
Sport :	Age Level :

INSTRUCTIONS

- It is compulsory for all students / parents to complete **ALL** forms in this booklet.
- All fields with a **red** outline **MUST** be completed. Other boxes only need to be completed (where applicable).
- Open document, save blank document to computer, complete and save final copy of document.
- Sign and obtain signatures for appropriate sections. ie. Principal or (nominee), parents and students
- Deliver document to appropriate personnel at Regional Trials
- Pages 11- 15 do not need to be printed out and returned (These forms are for parents/ guardians and students information)

FORMS

- This fully completed document must be submitted prior to trialling.
- PSS Policy states that **NO Booklet** equals **NO Trial**
- To avoid duplication this document will be passed on by the appropriate officials from one level to the next level as students progress through the representative sport program.
- NB. Please complete the **Change of Details Form**, if any details change after this booklet has been submitted
- Information provided in this booklet is valid to 31 December of the current year.

DATE COMPLETED :

AUTHORITY & CONSENT FORM

(To share personal details and medical history)

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

1. CONSENT GIVEN

On behalf of the individual identified on this consent form, the individual, the person or persons signing this Consent Form (the Signatory)* grant consent to the Department of Education. (the Department) and relevant medical professional in the event of accident or illness to use, record and disclose the individual's:

- Name and other identifying information (personal information); and
- Medical history.

▶ Note: If the individual is under 18yrs of age, the Signatory must be a parent or guardian of the Individual. The individual must also sign if he or she is under 18 and able to give and understand the consent. If the individual is 18 or older, the Signatory and the individual will be the same person.

2. PURPOSE

The Department of Education is collecting your child's personal details (Form B6) and medical history (Form B7) in accordance with the *Information Privacy Act 2009* and *section 426 Education (General Provisions) Act 2006*, in order to share your son/daughter's medical history with medical professionals in the event of accident or illness. The information will only be accessed by authorised employees within the Department of Education.. This information will not be given to any other person or agency unless either you have given permission or it is required by law.

3. DURATION

This authority and consent will continue until 31 December of the current year, except triathlon & aquathlon, where form will remain valid for 12 months from the signature date. This Consent Form revokes and replaces all previous consent forms in relation to the individual.

4. LIMITATIONS

The individual or Signatory wishes to limit the consent in the following way

AUTHORITY AND CONSENT

- I hereby authorise the obtaining on my behalf of such medical assistance as(name of Individual) may require in the event of accident or illness. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.
- I consent for authorised Department of Education employees to share:
 - My personal details, and
 - The individual's personal details and medical history with relevant medical professionals in the event of accident or illness or as required by law.

STUDENT

Student Signature:

(Student's signature only required if 18 or over)

Date:

SIGN HERE

Parent / Guardian Signature:

(Parent / Guardian signature only required if 18 or over)

Date:

SIGN HERE

Peninsula School Sport, as an operational unit of the Department of Education., is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. 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.

AVAILABILITY / NON-AVAILABILITY FOR SELECTION FORM

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

This form **MUST** be completed and given to the District manager / Official prior to the District / Regional Trial.

Availability / Non Availability for selection in a regional team is conditional upon acceptance of the following conditions.

- Students must be available to participate for the full duration of the State Championships and understand that they will not be available for any other activities including school, club and community activities / sporting games during the championships.
- All team members are advised that leave will not be granted to participate in any other activity from the time of State Championship team assembly. Any students requesting to leave the championship, in emergent circumstances must seek the approval of the team management.
- If selected in a Regional Team, all Team members, except for those in T&F & Swimming, must be available to attend State Championship Opening and Closing ceremonies, team photos session and any other stated compulsory events.
- Students shall not make themselves available for selection in more than one summer and one winter sport (Excluding swimming, cross country and athletics), where the dates of regional or state championships may overlap for training or competition.
- Members of the regional team will be required to train outside of school hours prior to the State Championships. If not available for any session, they must notify the team officials prior to training.
- The student must genuinely want to be a member of the regional team and will only withdraw for exceptional circumstances. Withdrawal without notice or exceptional circumstances may result in exclusion from selection in any district / regional teams.
- On some occasions costs may be a factor of availability for selection. Payment in full will need to be made at least 2 weeks prior to the State Championships. Please take this into account before making yourself available for selection. A copy of these approximate costs can be obtained through the School Sport Coordinator or found on the Peninsula School Sport website.
- Students and Parents who accept an invitation to be a member of the regional team must agree to abide by contents and conditions of the "Code of Conduct – Team Members and Code of Conduct – Parents & Spectators" and accept the parental responsibilities contained therein.

PARENT / GUARDIAN

*I have read and agree to the conditions stated above. I give approval for my child to participate in the district / regional trials and Request / Do Not Request **(circle one)** that my child be considered for selection in the above-mentioned district / regional team.*

Parent Signature:

Date:

SIGN HERE

STUDENTS

I wish to be considered for selection in the above named student in the district / regional team and agree to be bound by the above conditions.

Student Signature:
(Student's signature only
required if 18 or over)

Date:

SIGN HERE

PRINCIPAL

*I Approve / Do Not Approve **(Circle one)** of the selection of the above named student in the district / regional team and verify that the date of birth is correct.*

Principal Signature:
(or Nominee)

Date:

SIGN HERE

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PARENT CONSENT FORM

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

1. I accept the invitation for my child to be a Peninsula Team Member and I hereby give my consent for my child to participate in any activity arranged by, or participated in by Peninsula School Sport or any affiliated body.
2. I understand that participation in this team is also dependent on the receipt of a signed Principal's Approval Form verifying that your child is enrolled as a student at that school and that the school is confident that your child can abide by the Code of Conduct – Team Members and that the students record of attendance and conduct are such that I recommend the student as one who merits selection.
3. I hereby give my permission for him/her to use such known forms of transport, including air or coach transport, for such travelling as may be deemed necessary.
4. I agree that, during the periods of the aforesaid competition in which my child is participating, 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 squad/s and/or team/s in which your child is included.
5. I agree to meet the costs associated with participation in this activity, and accept that I may forfeit levies paid and / or incur a cancellation fee for late notification in cancelling travel bookings. Parents may incur any penalties imposed by the airlines, if alterations are made to the flight arrangements provided for your child by Peninsula School Sport. NB. Penalties of up to 100% may be imposed by airlines 30 days out from travel date.
6. I further agree to meet the costs for any illness, accident or unforeseen circumstances which may occur during the periods of the activities in which my child participates and during such travelling and other activities as may be deemed necessary.
7. I agree that if my child has a medical condition that my impact on their safety during participation in sporting activities that they must be cleared by a medical practitioner, to participate in the activity.
8. I further agree that my child must wear a mouthguard when participating in AFL, Rugby Union, Rugby League, Hockey and Water Polo. The Department of Education strongly recommends that students wear custom-fitted mouthguards. I understand that mouth protection is mandatory in these sports. 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 these sports.
9. I acknowledge that the Department of Education / Peninsula School Sport do not have personal accident insurance cover for students during competition and associated activities. Sport, particularly contact sports, carries inherent risks of injury. It is a personal decision of the parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.
10. I also agree that my child is responsible for sun protection by providing their own hat and SPF 15+ broad spectrum sunscreen.
11. I have read the attached PSS **Code of Conduct – Team Members** and **Code of Conduct – Parents & Community**. I understand and agree to abide and respect its contents and conditions and accept the parental responsibilities contained therein.
12. I understand if I fail to complete all documentation or fail to abide by stated conditions, that a range of consequences may be applied and my child may be excluded from future involvement in Peninsula School Sport.

▶ AGREEMENT

I, _____ have read and understand the *Code of Conduct – Team members* and *Code of Conduct – Parents & Spectators* and agree to abide by its conditions.

Parent / Guardian Signature:

Date:

SIGN HERE

Student Signature:

Date:

SIGN HERE

(Student's signature only required if 18 or over)

PeninsulaSchoolSport, as an operational unit of the Department of Education, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. 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.

It is Peninsula School Sport policy that officials' first preference of contact is directly with parents. However, in certain situations Peninsula Officials may need to contact team members directly.

I _____ (Parent / Caregiver) of _____ **give / do not give** permission for my child to be contacted directly via phone/text message by the appointed Peninsula School Sport Officials in matters directly concerning the activities related to being a team member of Peninsula School Sport _____ team. Pre-carnival contact may include matters relating to training prior to the championships, and for communication and risk management whilst the team is away.

Phone (Parent) :		Phone: (Student):	
Parent Signature :		Date :	

► PLAYER DETAILS

Surname :		First Name :	
Date of Birth :		Gender :	
Home Address :			
		Postcode :	
Phone (Home) :		Mobile (Students) :	
Parent's Email address :			
School :			

► PARENT/ GUARDIAN / CARER (1)

Surname :		First Name :	
Home Address :			
(If different to player's)			
		Postcode :	
Phone (Home) :		Mobile (Parents) :	
Parent's Email address :			
Business Address :			
		Postcode :	
Phone (Business):			

► PARENT/ GUARDIAN / CARER (2)

Surname :		First Name :	
Home Address :			
(If different to player's)			
		Postcode :	
Phone (Home) :		Mobile (Parent 2) :	
Parent 2 Email address :			
Business Address :			
		Postcode :	
Phone (Business):			

► CONTACT PERSON (When parent / guardian / carer cannot be contacted)

Surname :		First Name :	
Home Address :			
(If different to player's)			
		Postcode :	
Phone (Home) :		Mobile Phone:	

► ANY RELEVANT FAMILY HISTORY

Peninsula School Sport, as an operational unit of the Department of Education, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. 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.

Student health information – Queensland Representative School Sport

Privacy Notice

The Department of Education (DoE), through Queensland Representative School Sport is collecting personal information in this form in order to support the health needs of students during representative school sport activities. The forms will be collected by the Team Officials, who will provide them to department staff involved in the running of the event and first aiders/health professionals engaged if the student requires first aid and/or health support during the sporting event.

Instructions for completing this form

1. Complete Sections 1 to 5 of this form.
2. Complete the attached *Consent to administer medication* form (if required).
3. Attach a copy of any Emergency Health Plans or Action Plans from the student's health practitioner or doctor that support the student's health needs (if required).
4. Contact the Team Official to discuss arrangements if the student has a condition that may require medication as an emergency response and/or if they require additional support to manage their condition.
5. Return the completed form and any attachments to the Team Official by requested date.

Insurance

The Department of Education does not have personal accident insurance cover for students. If a student is injured as a result of an accident or incident while participating in representative school sport, all costs associated with the injury, including medical costs are the responsibility of the student's parent/carer or adult student themselves.

Student health information

Section 1: Student details			
Student name			
Date of birth		Year level	
Parent/carer/contact name			
Contact phone numbers:	Home:	Work:	
	Mob:	Emergency:	
Medical Practitioner name			
Practice name		Contact number	

Queensland School Sport

Section 2: Health conditions

2.1. Does the student have any health conditions?

☐ No

Go to 2.3

☐ Yes

Go to 2.2

2.2. Indicate the student's health condition/s

- | | | | |
|--------------------------------------|--|------------------------------|------------------------------|
| ☐ Asthma | Emergency Health Plan / Action Plan attached | ☐ Yes | ☐ N/A |
| ☐ Anaphylaxis | Emergency Health Plan / Action Plan attached | ☐ Yes | ☐ N/A |
| ☐ Diabetes | Emergency Health Plan / Action Plan attached | ☐ Yes | ☐ N/A |
| ☐ Epilepsy | Emergency Health Plan / Action Plan attached | ☐ Yes | ☐ N/A |
| ☐ Other _____ | | | |

Attach any Emergency Health Plans or Action Plans relating to the condition and contact the Team Official as soon as possible to discuss any support required to manage the student's health condition, especially if the student requires medication / an emergency response and/or if they require additional support to manage their condition.

Other Emergency Health Plan / Action Plan attached ☐ Yes ☐ N/A

2.3 Has the student had any recent head injuries or concussion? Describe the injury and treatment

Injury details:

☐ No

☐ Yes

Date of injury:

Management of injury:

2.4. Does the student have any current or previous sprains, strains or other injuries (e.g. to the knee, hip, shoulder, ankle or back) which may affect their participation?

☐ No

Go to 2.6

☐ Yes

Go to 2.5

2.5. Describe the injury and recent treatment:

2.6 Is the student medically fit to participate in this sports event?

A **medical clearance specific to the sport** may be required prior to participation in the activity

☐ No

☐ Yes

Section 3: Medication requirements

3.1 Will the student require medication during this activity?

☐ No

☐ Yes

3.2 Does the student require staff to administer their medication?

☐ No

☐ Yes

3.3 Does the student have parent approval to self-administer their medication?

☐ No

☐ Yes

If **YES** to any of these questions:

- contact the student's Team Official as soon as possible to ensure that the student's medication needs can be supported and to request the appropriate *Consent to administer medication* form.



Section 4: Other

3.4 Describe below if the student has any other health related issues which may affect their participation in representative school sport:

Section 5: Consent

Name of representative sporting event				
Name of student				
Please read the following conditions of participation and indicate your agreement by signing below: - I have reviewed the information I have provided on this form and confirm that this information is correct. - To the best of my knowledge, the student named in this form is medically fit and able to participate in this representative sporting event. - I will notify the Team Official if there is a change in any health conditions detailed above or if the student is no longer medically fit or able to participate for health/injury reasons in this representative sporting event. - I agree that should the student be medically unfit to participate fully in the representative school sport activity for which they have been selected, they may be required to withdraw. - I am aware that the department does not have any personal accident insurance cover for students. - In the event of an accident or illness, staff may obtain or administer any medical assistance or treatment that the student named in this form may reasonably require. - I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including transportation costs) and will undertake to reimburse the department the full amount of those costs.				
Name of parent or carer				
Signature	<table border="1"> <tr> <td style="width: 30%;"></td> <td style="width: 10%;">Date:</td> <td style="width: 60%;"></td> </tr> </table>		Date:	
	Date:			

MOUTHGUARD CONSENT FORM

The Department of Education Curriculum Activity Risk Assessment (CARA) guidelines mandate that **mouthguards are compulsory** for students wishing to participate in a school sport representative event for the sports listed below.

- Australian Football (AFL)
- Rugby League
- Rugby Union
- Hockey
- Water Polo

The Department of Education strongly recommends that students wear custom-fitted mouthguards.

Parents / Carers are requested to refer to the Australian Dental Association website below in order to make an informed choice about the different types of available mouthguards.

<https://www.ada.org.au/Your-Dental-Health/Teens-12-17/Mouthguards>

If a student is unable to wear a mouthguard for medical reasons, then:

- a signed medical clearance certificate is required prior to participating in the representative event.

Please complete the **Parent / Carer Consent And Medical Declaration Section** below

- Return this form to the relevant team official, along with all other required paperwork, **prior** to the representative event.
- **Failure to comply** with this permission process will mean that the **student will be unable to participate** at the specific representative school sport event.

STUDENT DETAILS	
Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

PARENT / CARER CONSENT AND MEDICAL DECLARATION	
I, _____ (name of parent) understand that mouth protection is mandatory in this sport. 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 confirm that the above mentioned student: Please tick <u>one</u> of the boxes below (☐ Has NO identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport. OR ☐ Has an identified medical condition/s that may impact on their safety during participation in this sport and therefore cannot wear a mouthguard. GO TO CLEARANCE SECTION below. NB. Will need to be completed by a medical practitioner.	
PARENT / GUARDIAN	
Signature	Date:

SIGN HERE

MEDICAL CLEARANCE – Re: Mouthguard

NB. ONLY NEEDS TO BE COMPLETED if ticked “Cannot wear a mouthguard “ in the section above

The following to be completed by a **Registered Medical Practitioner**

Please stamp OR print your name, degrees / special qualifications, address of practice and provider number.	
I certify that I saw and examined	First Name: Surname: on

- I am of the opinion that this person has an identified medical condition/s that may impact on their safety during participation in this sport and therefore **cannot wear a mouthguard**.

Dates of QSS / Regional Competition :	/ / to / /
Signature	Date:

SIGN HERE

Queensland Representative School Sport

Student's Code of Conduct

- Take responsibility for your own behaviour and performance.
- Compete by the competition conditions and rules.
- Respect the judge's, referee's or umpire's decisions.
- Encourage and support your team members.
- Show respect for yourself, your team mates, officials, your opponents and their skills.
- Respect the rights and worth of every person.
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden.
- Entering or remaining upon restricted licensed premises unless under the supervision of Team Officials or parents / guardians is strictly forbidden.
- Ensure you adequately prepare and recover for competition.
- Wear the official team uniform as directed by Team Officials.
- Check - in and check - out with Team Officials each day.
- Stay in the designated team area and support other team members during the event.
- Follow all directions of Team Officials.
- Ensure that you have telephone numbers of Team Managers at all times in case of emergency.

Parent and Community Code of Conduct

- Cooperate with the Team Officials to achieve the best outcomes for your child.
- Support team and event officials in maintaining a safe and respectful learning environment for all students.
- Maintain positive relationships with Team Officials regarding your child's learning, wellbeing and behaviour.
- Be courteous and constructive in your communication with players, Team Officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.
- Let game officials conduct events without interference.
- Demonstrate respect for opposing players and their supporters.

*Refer to the [Department of Education Parent and Community Code of Conduct](#) for further information.





Parent and Community Code of Conduct

Supporting learning, wellbeing and safety in every Queensland state school

We welcome parents¹ and other members of our diverse community into schools across Queensland.

Working together with their school community², school staff support the learning and wellbeing of every student, and are entitled to a safe work environment.

Parents and other visitors to schools support safety by ensuring their communications and conduct at the school and school activities is respectful.

Elements of engagement	It is expected that parents and visitors to our school communities will:	Parents and visitors to our school communities demonstrate this by:
Communication 	• be polite to others • act as positive role models • recognise and respect personal differences • use the school's communication process to address concerns	• using polite spoken and written language • speaking and behaving respectfully at all times • being compassionate when interacting with others • informing staff if the behaviour of others is negatively impacting them or their family • respecting staff time by accepting they will respond to appropriate communication when they are able • requesting a meeting to discuss any concerns about their child's education — allowing staff time to prepare and appreciating their time may be limited
Collaboration 	• (parents) ensure their child attends school ready to learn • support the Student Code of Conduct	• taking responsibility for their child arriving and departing school safely on time every day • reading and encouraging their child to understand and follow the Student Code of Conduct
School Culture 	• recognise every student is important to us • contribute to a positive school culture • work together with staff to resolve issues or concerns • respect people's privacy.	• valuing each child's education • acknowledging staff are responsible for supporting the whole school community • speaking positively about the school and its staff • not making negative comments or gossiping about other school community members, including students — in person, in writing or on social media • understanding, at times, compromises may be necessary • considering the privacy of all school community members at all times, and understanding that the school cannot share confidential information.

¹The term 'parent' refers to parents, carers, guardians and people who exercise parental responsibility for a child.

²The term 'school community' refers to staff, students, parents, local business and community organisations and visitors to the school.

