

MITCHELL STATE SCHOOL
Prep to Year 10

STUDENT PERMISSION & MEDICAL CONSENT FORM: School Sport: Rugby League & Netball

Rugby League	U8	U10	U12	U14	Netball	U8	U10	U12	U14
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SURNAME									
GIVEN NAME/s									
DATE OF BIRTH					YEAR LEVEL				
HOME ADDRESS									
HOME PHONE					MOBILE				
WORK PHONE					MOBILE #2				
MEDICARE NUMBER									
HEALTH CARE CARD #									
MEDICAL COVER									
HEALTH FUND NAME & NUMBER									

I submit the following medical information about the above student and include details of limitations which he/she has for the activity concerned. This information is relevant as at date signed. I will notify the school of any changes.

HEALTH RELATED QUERIES	CIRCLE	DETAILS / TREATMENT / MEDICATION
Heart problems	YES / NO	
Asthma	YES / NO	
Other Respiratory problems: Sinus, Hay Fever	YES / NO	
Allergies & Anaphylaxis (eg food including peanuts, penicillin, analgesics, bees)	YES / NO	
Travel sickness	YES / NO	
Blood Pressure	YES / NO	
Recent operation, injury or illness	YES / NO	
Epilepsy	YES / NO	
Diabetes	YES / NO	
Bet-wetting	YES / NO	
Sleep-walking	YES / NO	
Phobias	YES / NO	
Physical disabilities	YES / NO	
Tetanus injection	YES / NO	Date:
Is Medication / Epipen required?	YES / NO	Drug Name: Dosage requirements (amount & time):
Special Dietary Requirements	YES / NO	
A correctly fitted mouthguard should be worn for playing and practising. Players will not be permitted to take the field without a correctly fitted mouthguard unless written permission is received from a parent/caregiver: <i>I give permission for my child to participate in rugby league without a mouthguard.</i>	YES / NO	If YES, then I accept the costs and responsibility for any injuries/damages that may result from playing Rugby League for school sport.

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Any medical or psychological reason that the Teacher-in-charge, Coach or Team Official should be made aware of?	YES / NO	
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In the event of an emergency, please contact:

EMERGENCY CONTACT ONE	EMERGENCY CONTACT TWO
NAME	NAME
Relationship To Student	Relationship to Student
ADDRESS	ADDRESS
MOBILE PHONE	MOBILE PHONE
HOME / WORK PHONE	HOME / WORK PHONE

As Parent / Guardian of the above mentioned child, I give my consent for him/her to participate in School boy Rugby League or School Girl Netball for the 2012 Season. I understand this involves training on & off school grounds and playing in competition games on & off school grounds. I agree to delegate my authority to the teacher/s and/or Department of Education & Training personnel involved.

Behaviour:

- Supervising teacher/s may take whatever disciplinary action they deem necessary, in accordance with the School Code of Behaviour, to ensure the safety, well-being and successful conduct of the students, as a group or individually, in the above mentioned activity.

Medical:

- I hereby authorise those in a supervisory capacity, to obtain such medical attention as may be deemed necessary should an incident arise.
- I understand that I am responsible for any medical expenses incurred on behalf of the above student and agree to pay the fees for such medical expenses and to meet the expenses of pharmaceutical supplies and conveyance by ambulance which may be incurred as a result of medical advice or attention.
- I understand that all reasonable efforts will be made to contact me, however, if such an eventuality arises where the health of the student named is in grave concern, I authorise qualified practitioners to administer:
 - anaesthetic (yes/no)
 - Epipen (yes/no)
 - blood transfusion (yes/no)
- Paracetamol (Panadol) may be given to supervising teachers by you to administer to your child if the need arises (for example, in the case of a mild headache). This is under the condition that your child is NOT allergic to Paracetamol and you give permission for supervising teachers to administer if necessary. Supervising teachers will record the time and dosage if administered.

Name of Parent/Guardian (Please print)	
Date	
Signature of Parent/Guardian	
Signature of Supervising Teacher/s	
Concerns Noted	