



CONSENT FORM

SOCIAL SPORT (Venues outside of school)

1. **SPORT CONSENT – Name of Sport**
Teacher –

As a parent/guardian of (student name) _____

I give my consent for him/her to participate in the school sport activity: _____

This sport will be conducted **OUTSIDE** the school campus on a **Tuesday Afternoon**.

Walking does not incur a cost, however as it is outside the school grounds, consent is required.

IF APPLICABLE

*Bus fee \$25 (Paid at the office) applies for Social Sports required to travel for the Term.

IN ADDITION -Weekly fees apply to varied outside venues and activities (\$ _____/week)

2. **MEDICAL INFORMATION**

I authorise the teachers to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

I submit the following medical information about the above student and include details of limitations, which he/she has for the activity concerned.

Parent/Guardian _____

Contact Phone No. _____

MEDICAL INFORMATION

Name of Student: _____

Date of Birth: _____

Medicare Number: _____

		DETAILS
(a) Heart Problems	YES/NO	
(b) Respiratory Problems	YES/NO	
(c) Allergies	YES/NO	
(d) Travel Sickness	YES/NO	
(e) Blood Pressure	YES/NO	
(f) Operations	YES/NO	
(g) Epilepsy	YES/NO	
(h) Recent Illness	YES/NO	
(i) Injections and When (e.g. Tetanus)	YES/NO	
(j) Drugs Required	YES/NO	
(k) Drug Reactions (e.g. Penicillin Allergy)	YES/NO	
(l) Other	YES/NO	
(m) Phobias	YES/NO	