SYDNEY NORTH SCHOOLS SPORTS ASSOCIATION
SCHOOL SPORT UNIT (322 HUME H'WAY CNR BERESFORD AVE)
LOCKED BAG 1530, BANKSTOWN NSW 2200
ABN 39 806 162 582

TELEPHONE 9707-6917 or 9707-6926 https://app.education.nsw.gov.au/sport/ FACSIMILE 9707-6936

SYDNEY NORTH TRIALS - STUDENT PERMISSION / INFORMATION NOTE

SPORT: ……………………………..…. **ZONE**: ……………………………………….…….

Dear Parent / Guardian / Care Giver

Your son / daughter / ward ………………………………………….. of ………………………………..
School has been selected to attend Sydney North Trials for the selection of a Sydney North Team.

The Trials will be held on …………………………………………………………………….……… at ………………………………………………………………………… commencing at …………………...

Students will be dismissed at completion of the trial.

Students are to make their own way to and from the venue and must provide their own playing equipment.

My child WILL travel privately with ……………………………………………… to and from the trial. Contact number during travel: ……………………………………………….

There will / will not be a cost involved of $ ……………..

Organising Teacher & School : ………………………………………………………………………

Privacy Advice

The personal information provided on this permission note, will be used and disclosed by the Department of Education for general administration, communication with parents or carers and matters relating to the health safety and welfare of your child in connection with your child's participation at this event or for any other purpose required or permitted by law. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be held securely and disposed of securely when no longer needed. You may correct personal details recorded on the form at any time by contacting the team management.

✂---

DETACH AND RETAIN FOR SCHOOL RECORDS

Name: …………………………………………..…… of Roll Class ………………… will be attending the Sydney North ………………………………………………………….….. Trials on / /

Signed: ………………………………………………… - School Sports Organiser

Please bring this completed consent form and payment if applicable to the Sydney North Trial

NSW GOVERNMENT Education

SYDNEY NORTH SCHOOLS SPORTS ASSOCIATION

SCHOOL SPORT UNIT (322 HUME H'WAY CNR BERESFORD AVE)
LOCKED BAG 1530, BANKSTOWN NSW 2200
ABN 39 806 162 582

TELEPHONE 9707-6917 or 9707-6926 https://app.education.nsw.gov.au/sport/ FACSIMILE 9707-6936

CONSENT FORM FOR SYDNEY NORTH TRIALS

SPORT: _____

DATE: _____

VENUE: _____

1. Student Details (Please print clearly)

Student Full Name:_____M / F ____ Current Yr at School _____

Parents/Caregiver Full Name: _____

Address: _____ Postcode: _____

School: _____ Date of Birth: _____ Age this year: _____

Phone: (Student's mobile) _____ (Parent's mobile) _____ (Home / Work) _____

Email : _____

2. Medical Details

Medicare Number: _____ Exp Date_____

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

My child is allergic to: _____ My child is required to carry an EpiPen: **YES / NO**.

Does your child have an ASCIA action plan? **YES / NO**. If **YES** a copy must be attached to this consent form.

Please detail any medical or special needs which the team manager should be aware of, including any behaviour management or other specialised plans. (copies of plans to be attached).

_____

_____

Important Information: In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is limited to breaches by the department in its duty of care to students that result in claims for compensation.

Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region and state school sport associations when deciding whether additional insurance cover is required. Personal accident insurance cover is available through normal retail insurance outlets.

Parents who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. The Supplementary Scheme does not cover medical expenses or dental costs .Further information can be obtained from www.sportinginjuries.com.au
Further information regarding student accident insurance and private health cover is provided at:

http://www.sports.det.nsw.edu.au/spguide/activities/general/resources/protection.php#medi

Please bring this completed consent form and payment if applicable to the Sydney North Trial

NSW GOVERNMENT Education

SYDNEY NORTH SCHOOLS SPORTS ASSOCIATION

SCHOOL SPORT UNIT (322 HUME H'WAY CNR BERESFORD AVE)
LOCKED BAG 1530, BANKSTOWN NSW 2200
ABN 39 806 162 582

TELEPHONE 9707-6917 or 9707-6926 https://app.education.nsw.gov.au/sport/ FACSIMILE 9707-6936

3. Privacy Notice

The personal information provided on this permission note, will be used and disclosed by the Department of Education for general administration, communication with parents or carers and matters relating to the health safety and welfare of your child in connection with your child's participation at this event or for any other purpose required or permitted by law. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be held securely and disposed of securely when no longer needed. You may correct personal details recorded on the form at any time by contacting the team management.

Publishing student information: The Department of Education may publish or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community.
This information may include your child's name, age, information collected during this event such as photographs, sound & visual recordings of your child.

The communications in which your child's information may be published or disclosed include but are not limited to:

- Public websites of the Department of Education including the School Sport Unit website at **https:// app.education.nsw.gov.au/sport/** the Department of Education intranet(staff only), blogs and wikis
- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department's websites
- Official Department and school social media accounts on networks such as YouTube, Facebook and Twitter.
- Local and metropolitan newspapers and magazines and other media outlets.
- Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

Permission to publish: I have read the information about disclosing and publishing student information(above) and

☐ I give permission ☐ I do not give permission

for the Department to publish and disclose information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

SIGNED: _____ ____/__/____
(Parent/Caregiver) (Date)

3. Principal's Declaration

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- He/she has the school authority to represent on this occasion.
- A copy of this consent form will be retained by my school.
- I certify this student has / has not parental / caregiver permission to publish as stated in the '**Publishing student information'** above
- I understand the student is responsible for making their own way to and from the trials.

SIGNED: _____ ____/__/____
(Principal) (Date)

NOTED BY: _____ ____/__/____
(School Sports Organiser) (Date)

4. 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 supervision of Team Manager/s and will not be allowed to visit friends or relatives without my written permission and that of the Team Managers.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- To assist team management at the Carnival and to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this sport activity.
- I understand the student is responsible for making their own way to and from the trials.

SIGNED: _____ ____/__/____
(Parent/Caregiver) (Date)

Please bring this completed consent form and payment if applicable to the Sydney North Trial