

Parent / Carer Consent – Athletics Carnival

Tuesday 13 August 2024

Student medical details

Medicare number _____ Expiry date: _____

Please detail any medical or special needs which the supervising teacher should be aware of.

Parent/Carer details

First name: _____ Surname: _____

I give permission for my child/ward _____

of Class _____ to attend and participate in the Bass Hill Public School Athletics Carnival, on Tuesday 13 August 2024, at The Crest Sporting Complex, Bass Hill. I understand my child will walk to and from the venue.

I understand my child will need to be dropped off at the Crest by 9:30am and picked up at 1:00pm.

Payment

Please find enclosed payment for my child _____ of class _____ to participate in the Bass Hill Public School Athletics Carnival.

I have enclosed the full payment of \$6.

SIGNED: _____ **DATE:** _____

Parent/Carer Acknowledgment and Consent

- I have read the information provided and I hereby consent to my child/ward participating in this



event.

- I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures.
- I acknowledge and accept that there is a risk that my child/ward may be exposed to COVID-19 whilst attending and participating at this event.
- I confirm that my child will not attend if displaying symptoms of illness, and/or if directed to isolate under public health orders.
- I acknowledge that my child/ward will be under the duty of care of the supervising teacher during the event.
- **I acknowledge that if my child/ward contravenes behavioural expectations leading up to the event, they may be removed from the event**
- 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/ward may require. I accept full responsibility of expenses incurred.
- I acknowledge that if my child/ward sustains a concussion at any time, or experiences any concussion symptoms at any time, I am required to report this to the school and team officials. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the event, if a medical clearance is provided.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk by participating in this sport activity.

SIGNED: _____ **DATE:** _____

PHONE: _____

