



PERMISSION AND MEDICAL DECLARATION OF HIGH RISK EVENTS

As part of the Health and Physical Education program run at Hervey Bay State High School, students will be participating in a number of high risk sporting activities and carnival events. The Department of Education Curriculum Activity Risk Assessment (CARA) guidelines require parent/carer consent and a medical declaration in order for students to participate in school, district, regional and national High Risk events. These include but are not limited to:

- Swimming
- Discus
- High Jump
- Javelin

Please note that Health and Physical Education teachers delivering these lessons have put into place the mandatory requirements needed to be able to deliver activities safely. Parents/carers must complete the relevant sections of the **consent and medical declaration (over page)**. Students with an identified medical condition must also provide a medical clearance certificate in order to participate. Failure to submit the below **consent and medical declaration** will result in the student being unable to participate in these events.

Students who wish to be considered for selection in district, regional and national teams need to ensure that permission and medical declaration of high risk events form is completed.

Activity Risk and Insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

By signing this section I agree that:

- I have read all of the information contained in this form in relation to the high risk events and am aware that the department does not have personal accident insurance cover for students/children.
- I will pay to the school the costs for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on registration /enrolment and where relevant have updated this information.

Parent/Carer's name: _____ **(Please print)**

Parent/Carer signature: _____ **Date:** _____



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Student Details									
Student Name									
Date of Birth									
<h3><u>Parent / Carer Consent</u></h3> <p>I, _____ (name of parent/carers) understand my child will participate in high risk activities during:</p> <ul style="list-style-type: none"> • Physical Education lessons • School Sport carnivals <p>Please indicate by circling a Y (yes) or N (no) for whether your student can or cannot participate in the following events:</p> <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">•DISCUS</td> <td>Y / N</td> </tr> <tr> <td>•HIGH JUMP</td> <td>Y / N</td> </tr> <tr> <td>•JAVELIN</td> <td>Y / N</td> </tr> <tr> <td>•SWIMMING</td> <td>Y / N</td> </tr> </table> <h3 style="text-align: center;"><u>Parent / Carer Medical Declaration</u></h3> <p>I, _____ (name of parent/carers) declare my child (details above) has NO identified medical condition/s that may impact their safety during participation in the above listed high/extreme risk field event/s.</p> <p style="text-align: center;">OR</p> <p>I, _____ (name of parent/carers) declare my child (details above) DOES HAVE an identified medical condition/s that may impact their safety during participation in high/extreme risk event/s. <i>I understand and have provided a medical certificate/s declaring my child is able to participate in the above event/s.</i></p> <p style="margin-top: 20px;">Parent/Carer signature: _____ Date: _____</p>		•DISCUS	Y / N	•HIGH JUMP	Y / N	•JAVELIN	Y / N	•SWIMMING	Y / N
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