

Permission for student to attend SSNT Selection Trial



Consent form

Consent form for Selection Trials for the Central Region Representative team/squad. If selected in the Central Region team/squad, students will compete at a School Sport Northern Territory (SSNT) Championships or a Development and Interstate Selection Camp.

Student details (to be completed by parent/guardian)

Please complete all details below and return to the Teacher in Charge by the return date. Failure to do so may result in your child being unable to participate in the activity.

Student's family name		Student's given name	
Student's date of birth		Student's gender	Male/Female
Aboriginal or Torres Strait Islander origin	Yes/NO	School	
Contact details			
Parent/guardian's name		Emergency contact	
Preferred contact	Work/ Mobile	Preferred contact	Work/ Mobile
Work		Work	
Mobile		Mobile	
Parent/Guardian Email			
Student's medical details			
Known allergies e.g. drug reactions			
Dietary restrictions			
Date of last tetanus injection			
Is the student under medication?	Yes/No		
If yes, name medication and attach instructions			
Has your child any special medical condition, physical or psychological limitations or cultural restrictions which may affect her/him whilst taking part in any activities?	Yes/No		
If yes, please provide full details, attach information if necessary. Please provide any other information which you believe may help staff provide the best possible care.			

There is no aquatic activity at this event			
Parental consent			
<p>Your attention is drawn to the following important points:</p> <ul style="list-style-type: none"> • Students are under the teacher's/supervisor's authority for the duration of the excursion. A student may be returned home at the expense of the parent/caregiver if the teacher/supervisor considers that circumstances warrant such action. • The Department of Education has a duty of care for students engaged in school related activities, including excursions and sporting events under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm. • Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent/guardian of the student. Parents may wish to take out additional insurance to cover such costs. • Liability for loss, theft or damage to student property is the responsibility of the parent/guardian of the student. • Students are not permitted to transport other students in vehicles regardless of written permission being provided. • The parent/guardian is responsible for informing the school/preschool of any change in consent to their child attending an excursion and of any changes to student medical details. • Privacy Notice: The Department of Education collects the information on this form in accordance with the Excursions Policy, and may disclose this information to third parties in connection with this excursion. Failure to provide this information may result in your child being unable to attend the relevant school excursion. For further information, or to access the information you provide on this form please contact your child's school. 			
Permission is given to attend this event			Yes/No
Permission is given for staff to administer first aid if required			Yes/No
Permission is given to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable.			Yes/No
I give permission for the use of my child's name and photographs for promotional purpose including online and media publications by School Sport NT, School Sport Australia and the NT government.			Yes/No
I give Permission for my child to be eligible for selection in Inter-Region squad Levy: Venue: Dates:			
Parent/guardian's name		Date	
Parent/guardian's signature			