



Parental Consent Form (Tournament Participation)



School: _____ Tournament: _____

Personal Details

Personal details requested are to enable contact to be made with a child's parents / caregivers in the event of an emergency and are strictly confidential.

Child's name: _____ DOB: _____

Address: _____

Home No. _____ Mobile: _____ Work: _____

Parents / Guardians Names: _____

Any relevant family history: _____

Player Medical History

It is the Parent's/Caregiver's responsibility to ensure that the player is adequately covered for medical/hospital/dental and personal accident and injury insurance. Queensland Ozttag cannot accept financial liability for any of these expenses.

My son/daughter has been immunized against (show year if known): _____

Medicare number: _____ Asthma Yes / No

Date of last tetanus injection: _____ Date of Hep B Vaccination: _____

Asthma Medication Available (give details): _____

My son/daughter is known to be allergic to: _____

Any other relevant medical history: _____

Is your son/daughter suffering from an injury/condition which is likely to be aggravated by the competition? Yes / No

If yes, Please state injury or condition: _____

Authorisation

I..... being the legal guardian of
..... hereby give consent to participate in the
..... Oztag Tournament at their own free will
and entirely at their own risk. I understand that by giving consent I have agreed:

- To allow my child to participate in any competition arranged by or participated in by Queensland Oztag during the period from the date of this agreement up to and including the conclusion of the tournament and I hereby give my permission for him/her to use such forms of transport for travelling as may be deemed necessary.
- That during the period of the competition in which my child participates and during such travelling and other activities as may be deemed necessary, my child shall be under the sole direction of the person/persons duly appointed in charge of the team/teams in which he/she is included.
- To meet the costs associated with participation in the competition. I also agree to meet additional costs for any illness, injury, and where necessary, accident or unforeseen circumstances which may occur during the periods of the activities in which my child participates and during such travelling and other activities as may be deemed necessary.
- I have read the Code of Conduct, understand its contents and conditions, and accept the parental responsibilities contained therein.
- To authorise the obtaining on my behalf of such medical assistance as my child may require in the event of an accident or illness and guarantee to meet any costs incurred.
- To authorise the administering of anesthetic if this is deemed necessary by the medical officer attending.

Parent/Guardian Signature:

Date: