

**Student Consent Form  
After-school Sport Program  
Reception – Grade 6**

**Student/ Child details:**

<b>Name:</b>					
<b>DOB:</b>		<b>School Year:</b>		<b>M/F:</b>	
This consent form needs to be completed for each Term that your child is involved in the After School Sport Program.					<b>Term: 1</b>

**Activity details:**

<b>Monday: Basketball – Rec-Yr6 (Begins in Week 5)</b>
<b>Time: 3.15 – 4.30pm</b>

**Agreement:**

- I acknowledge and agree that the School’s normal behaviour management and disciplinary procedures will apply and that the Supervising coach will apply these procedures during the conduct of the Activities.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the supervisor to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary.
- I have provided all information to the school that is necessary for staff to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.
- I consent to my child’s doctor or medical specialist being contacted by medical personnel in an emergency.
- The information given is accurate to the best of my knowledge.
  
- I give permission for my child \_\_\_\_\_ to participate in the After School Sport Program

<b>Name:</b>		
<b>Signed:</b>		<b>Date:</b>