



CLEVE AREA SCHOOL

Eyre Peninsula, South Australia

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CONSENT FORM FOR ATHLETICS WHEN USE OF PROJECTILES ARE INVOLVED

Please use block letters when filling out this form

As a parent/legal guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/LEGAL GUARDIAN NAME	
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give my consent for them to participate in athletic events which may involve the use of a projectile such as javelin, shot put or discus for educational purposes.

Student's will be involved in athletic programs involving the use of projectiles throughout PE lesson time, but also during Sporting events such as Sports Day Trials/Practices and Sports Day (where information regarding date, activity and times will follow).

Consent forms for all other types of camps/excursions will be issued as they arise.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me is impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Student Medic Alert Number (If applicable):	
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*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health support needs.

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Ray Marino
Principal, Cleve Area School



Government of South Australia
Department for Education

*This form complies with the Education and Care Services National Regulations – Authorisation for excursions