

O'CONNOR CATHOLIC COLLEGE CONSENT FORM

Activity: All Compulsory PDH&PE Excursions for 2014.

1. STUDENT DETAILS

Surname: Christian/Given Name:

Date of Birth: Pastoral Group:.....

2. STUDENT MEDICAL DETAILS

1. Date of last anti-tetanus injection (if any)

2. Any relevant medical history important for our information: e.g. asthma, hayfever, bee stings, allergies, drugs taken during the past month:.....

3. Medicare number:

4. Any additional health benefits:..... Table or No:

5. **Please indicate the distance your child is capable of swimming: _____ metres**

3. ACCIDENT AND INJURY INSURANCE - PLEASE NOTE

Students are covered while undertaking school activities by
Catholic Church Insurances (CCI).

4. CODE OF BEHAVIOUR

As a Team Member:

- a. At all times cooperate with your coach, team mates and opponent.
- b. Work equally hard for yourself and your team - your team's performance will benefit and so will your team.
- c. Compete by the rules and always abide by the referees/umpires or judges decision.
- d. Be a good sport. Encourage fellow team members and respect your Coach's decision.
- e. Control your temper. Make no criticism either by word or gesture.
- f. Follow instructions given by the teachers/instructors.

- g. Remain with your team in your allocated area when not competing.
- h. Maintain a neat and tidy appearance and wear correct uniform.
- i. Normal school expectations apply.

5. PARENT/GUARDIAN'S DECLARATION

1. I give my son daughter permission to attend and participate in all compulsory PDH&PE activities for 2014.

2. I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I have sighted the Code of Behaviour and agree that if my child seriously contravenes behavioural expectations he/she may be immediately excluded from the team. Should this eventuate I accept full responsibility for my child upon notification of his/her exclusion by the teacher/instructor including the cost of return transport and accommodation.

3. I also consent to my child being administered medical treatment and authorise hospitalisation if deemed necessary. I authorise other administering of an anaesthetic if this is deemed necessary by the medical officer attending.

4. I fully understand the nature of the activity my child will be participating in.
(Gymnastics & Aquatics)

NAME-PARENT/GUARDIAN:

SIGNATURE:DATE:

PRIVATE ADDRESS:

TELEPHONE: HOME ().....WORK ()

EMERGENCY CONTACT:.....

Please return completed form to the Office by 21 February 2014. This form will cover parental permission for all PE, Health & Personal Development activities throughout the year.