



# Clairgate Public School

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## Panther Trophy Rugby League Gala Day

Dear Parents/Caregivers,

Your child \_\_\_\_\_ of class \_\_\_\_\_ has been selected to represent Clairgate Public School in the Panther Trophy Rugby League Gala Day.

The day will take place on **Wednesday 7th June 2023** at Whalan Reserve, Whalan.

Whilst the day is non-competitive, it is *full contact* Rugby League. Students will need to wear a mouthguard on the day and **will not be allowed to play without a mouthguard.**

**Details:** Panther Trophy Rugby League Gala Day

**Date:** Wednesday 7th June 2023

**Time:** Meet at 8:15am at school. The gala day runs approximately from 9:00am-2:00pm.

**Location:** Whalan Reserve, Whalan

**Transport:** Children to be transported by car. Please advise if you can assist with transport on the next page.

**Cost:** Nil

**What to bring/wear:**

- Sport shorts
- **Mouthguard (mandatory)**
- Football boots
- School shirt

Students will play the game and return to school at the conclusion of play. Parents may choose to sign out their child at the ground.

Please return this form **no later than Friday 2nd June 2023.**

Regards,

Michelle Lawrow  
Principal

Craig Bamford  
Coach



# Panther Trophy Rugby League Gala Day

I hereby consent to my child \_\_\_\_\_ of class \_\_\_\_\_ participating in the **Panther Trophy Rugby League Gala Day at Whalan Reserve, Whalan on Wednesday 7th June 2023**. I understand transport to and from the venue is by private car.

Please tick and complete:

<input type="checkbox"/>	I am able to transport my child
<input type="checkbox"/>	I have arranged transport for my child with:
<input type="checkbox"/>	Please arrange transport for my child
<input type="checkbox"/>	I can transport an extra ____ (No.) children in my car <i>(Current Drivers Licence &amp; Registration Papers have been recorded at the school office)</i>

## MEDICAL INFORMATION

**Please complete all information and return by Friday 2nd June 2023.**

To the best of my knowledge, he/she has no medical condition, disability or injury which puts him/her at risk in participating in this activity. In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Medicare No. \_\_\_\_\_ (for use at medical centres)

Emergency Contact's Name:	Home No: _____ Work No: _____ Mobile No: _____
Relationship to student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> Other <input type="checkbox"/> _____	

Please list existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, headaches, nose bleeds, heart problems etc). Outline the medication and treatment for each.

<u>Illness</u>	<u>Name of Medication</u>	<u>Treatment and Dosage</u>

Signed: \_\_\_\_\_  
Parent/Caregiver

Date: \_\_\_\_\_

### **1. Concussion Clearance**

The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport.

- If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 days period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event.
- Medical clearances can be attached to this consent form or can be submitted to team officials separately.

### **2. Important Information:**

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the department of its duty of care to students that may result in claims for compensation.

Parents and caregivers are advised to assess the level and extent of their child's / ward's involvement in the sport program offered by the school, school sporting zone, region and state school sport associations when deciding whether additional insurance cover is required prior to their child's/ward's involvement in the program. Personal accident insurance cover is available through normal retail insurance outlets.

Parents who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. The Supplementary Scheme does not cover medical expenses or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/File/1449>.

### **3. Privacy Notice:**

The information requested in this note is being collected by the Department of Education. The Department will use the information, in connection with your child/ward's participation in this event, for the following purposes:

1. Administration;
2. Communication with parents/carers; and
3. For the health, safety and welfare of your child/ward.

Additionally, the Department will use Information about your child/ward's Aboriginal or Torres Strait Islander status for the purpose of implementing its Aboriginal Education Policy in the context of representative sport.

The provision of all information requested in this note is voluntary, however (with the exception of information about Aboriginal or Torres Strait Islander status), your child/ward may not be able to participate if it is not provided.

The Department might share the information requested in this note with health care providers in the event that your child/ward requires urgent medical attention.

All personal information will be held securely and disposed of securely when no longer needed.

You have the right to access and correct the information you provide in this note. If you wish to do so, please contact the Sydney West School Sport Association, 14-22 Loftus Street, Turrella at [sydwestsport@det.nsw.edu.au](mailto:sydwestsport@det.nsw.edu.au).

#### 4. Permission to Publish Student information

The Department of Education may publish or disclose information about your child/ward for the purposes of event promotion and sharing results. This information may include your child's / ward's name, age and school. It may also include information collected during this event such as photographs, live streaming, sound and visual recordings of your child/ward.

The communications in which your child's/ward's information may be published or disclosed include but are not limited to:

- The event program and results
- Public websites of the Department of Education including the School Sport Unit website
- the Department of Education intranet (staff only), blogs and wikis
- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically
- the Department of Education, School Sport Unit and school social media accounts on networks such as YouTube, Facebook and Twitter
- Local and metropolitan newspapers and magazines and other media outlets

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

**Permission to publish:** I have read the information about disclosing and publishing student information (above) and

I give permission

I do not give permission

for the Department to publish and disclose information about my child/ward in publicly accessible communications. This permission remains effective until I advise otherwise.

I understand that if I have not given permission to publish, my child's/ward's name will not appear in event programs and results.

SIGNED: \_\_\_\_\_  
(Parent/Caregiver)

\_\_\_\_\_  
(Date)

#### Parental Acknowledgment and Consent

- I have read the information provided and I hereby consent to my child/ward participating in this event.
- I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.
- I acknowledge that my child/ward will be under the supervision of team officials during the event.
- I have sighted the Code of Conduct and acknowledge that if my child/ward seriously contravenes behavioural expectations, they may be immediately excluded from the team. Should this eventuate, I accept full responsibility for my child/ward upon notification of their exclusion by the team manager including the cost of return transport and accommodation.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility for all expenses incurred.
- I acknowledge that if my child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 day period prior to the event commencing, I am required to report this to team officials. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the event if a medical clearance is provided.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this sport activity.
- I confirm I have completed the "Permission to Publish Student Information" section.

Name: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(Parent/Caregiver)

\_\_\_\_\_  
(Date)