

## **POR STEPHENS PSSA PARENTAL CONSENT FORM**

I hereby consent to my son / daughter / ward attending the Zone Swimming Carnival to be held at Lakeside Leisure Centre, Raymond Terrace on Monday 23<sup>rd</sup> February 2026 commencing at 9:30am.  
*(All details are to be completed)*

### **SECTION 1 PARENTAL CONSENT**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ D.O.B. \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

HOME ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POST CODE \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ MOBILE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **SECTION 2 MEDICAL INFORMATION (To be completed by Parent/Guardian)**

1. Medicare Number: \_\_\_\_\_

2. Private Medical Insurance: a) Medical Fund \_\_\_\_\_ b) Fund Number \_\_\_\_\_

3. Do you contribute to the NSW Ambulance Scheme? Yes / No

4. Date of last Tetanus Vaccination \_\_\_\_\_

5. Any other relevant medical history that may be important for our information. ie allergy to a particular drug, asthma etc  
\_\_\_\_\_  
\_\_\_\_\_

### Accident Insurance Information

In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff. The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.

### Concussion Clearance

Any student that experiences a suspected concussion during a school endorsed activity, will be removed from the activity and parents/carers will be advised that a medical follow-up is required. Students may only return to sport and physical activity once a medical clearance has been provided to the school and, if at a school sport event, to the supervising teacher. If medical clearance is not provided, the student cannot participate in vigorous or competitive school sport or physical activities for 21 days from the concussion date.

**SECTION 3 SCHOOL FORM (To be completed by School's Principal or Executive)**

STUDENT'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

PRIMARY PSSA Sporting Event \_\_\_\_\_

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- He/she has the school authority to represent on this occasion.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
Principal/ Executive

NOTED BY \_\_\_\_\_ DATE \_\_\_\_\_  
Sports Organiser

**SECTION 4 PARENT CONSENT (To be signed by Parent/Guardian)**

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand my child will be under the supervision of the Team Manager/Manageress and will not be allowed to visit friends and relatives without my written permission and the authority from the Team Manager/Manageress.
- I have sighted the enclosed Code of Behaviour and agree that if my child/ward seriously contravenes behaviour expectations, he/she may be immediately excluded from the event. Should this eventuate, I accept full responsibility for my child/ward upon notification of his/her inclusion by the Team Manager/Manageress.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I hereby give my permission for the administration of an anaesthetic, if deemed necessary by the medical officer attending. I accept full responsibility for all expenses incurred.
- To the best of my knowledge, my child has no medical condition or injury which places them at risk in participating in this sport activity.
- Forms need to be retained by the attending teacher but if there is no attending teacher forms need to be forwarded to the Convenor.

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Parent/Guardian Signature

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Date

**PLEASE ENSURE:** That all details are listed and this form should be correctly filled in by Parent/Guardian of the competitor and returned to the school attended for the Principal/Executive to sign.

Convenor: \_\_\_\_\_

Venue: \_\_\_\_\_

Date of the Event: \_\_\_\_\_

Time: \_\_\_\_\_

**Young people involved in sport have a right to participate in a safe and supportive environment.**

## **PLAYERS, TEACHERS, COACHES AND SPECTATORS CODE OF CONDUCT**

- ❖ The goals of the game are to have fun and improve skills. Be modest in success and generous in defeat.
- ❖ Play for the fun of it.
- ❖ Play by the rules and always respect the decisions of officials.
- ❖ Make no criticism either by word or gesture. Deliberately distracting or provoking an opponent or player is not acceptable or permitted in any sport.
- ❖ Be a good sport. Applaud good performance and effort from all individuals and teams. Congratulate all participants on their performance regardless of the game's outcome.
- ❖ Condemn unsporting behaviour and promote respect for opponents.
- ❖ Condemn the use of violence in any form.
- ❖ Respect the rights, dignity and worth of all participants regardless of their gender, ability, culture background or religion.
- ❖ Place the safety and welfare of the participants above all else.
- ❖ All school sport events are alcohol and smoke free zones.

**I have read the above Code of Behaviour and agree to abide by this code to the best of my ability.**

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Student Signature

Date

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Parent Signature

Date