

PENINSULA TRACK & FIELD STUDENT PERMISSION BOOKLET, QRSS CONSENT AND ACTIVITY CONSENT & COMPETENCY FORMS

UPDATED - JUNE 2025

STUDENT NAME: _____ DOB: _____

SCHOOL: _____

EVENTS: ☐ 100 ☐ 200 ☐ 400 ☐ 800 ☐ 1500 ☐ 3000 (14-17YRS) ☐ 5000 (18-19YRS)
☐ DISCUS ☐ SP ☐ JAV ☐ HJ ☐ LJ ☐ TJ

Instructions for parents / carers to complete the **Peninsula Student Permissions Booklet**,
QRSS Consent, the **Activity Consent & Certificate of Competency forms**

For a
parent/carer:

1. Complete the **Peninsula Student Permissions Booklet (pages 1-11)**,
QRSS Consent Form (pages 12-17)

Please ensure you indicate your level of consent for use of your child's name on the QRSS Consent Form (page 16) for your child's name to be included in the Track & Field Software – Meet Manager

- ☐ **Full Name**
- students full name used on event sheets, records, programs

☐ **First Name only**
- student will only be identified with first name at events and in programs

☐ **Do not disclose name**
- student will be unidentified, with no name used at events and in program

2. If competing in the following events, complete the **Activity Consent form & Certificate of Competency (pages 18-19)**

- ☐ High Jump (Fosbury Flop)
- ☐ Discus
- ☐ Javelin
- ☐ Hammer (nominations direct to regional convenor to be considered for selection in the Peninsula team)
- ☐ Pole Vault (nominations direct to regional convenor to be considered for selection in the Peninsula team)

3. Return to the appropriate person for the level of trial you are attending:

a. **District Trial – Student's school (eg. Sports Co-ordinator, PE Teacher)**

Please return to: _____ by _____

Peninsula School Sport PERMISSION / DETAILS BOOKLET



PENINSULA
SCHOOL SPORT

Updated December 2023

- NB. (Make sure you have the latest version of **Adobe Reader** installed on your operating system).
This document has been designed as an electronic version for your convenience.

BOOKLET INCLUDES THE FOLLOWING FORMS

- Authority & Consent
- Availability / Non Availability for Selection
- Parental Consent
- Student Details
- Medical Details
- Mouthguard Consent
- Project Consent
- Code of Conduct – Team Members
- Code of Conduct – Parents & Spectators

DETAILS	
Surname :	First Name :
Date of Birth :	Gender :
School :	District :
Phone (Home) :	Mobile (Parents):
	Mobile (Students) :
Parent's Email address :	
Sport :	Age Level :

► INSTRUCTIONS

- It is compulsory for all students / parents to complete **ALL** forms in this booklet.
- All fields with a **red** outline **MUST** be completed. Other boxes only need to be completed (where applicable).
- Open document, save blank document to computer, complete and save final copy of document.
- Sign and obtain signatures for appropriate sections. ie. Principal or (nominee), parents and students
- Deliver document to appropriate personnel at Regional Trials
- Pages 11- 15 do not need to be printed out and returned (These forms are for parents/ guardians and students information)

► FORMS

- This fully completed document must be submitted prior to trialling.
- PSS Policy states that **NO Booklet** equals **NO Trial**
- To avoid duplication this document will be passed on by the appropriate officials from one level to the next level as students progress through the representative sport program.
- NB. Please complete the **Change of Details Form**, if any details change after this booklet has been submitted
- Information provided in this booklet is valid to 31 December of the current year.

DATE COMPLETED :

AUTHORITY & CONSENT FORM

(To share personal details and medical history)

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

1. CONSENT GIVEN

On behalf of the individual identified on this consent form, the individual, the person or persons signing this Consent Form (the Signatory)* grant consent to the Department of Education. (the Department) and relevant medical professional in the event of accident or illness to use, record and disclose the individual's:

- Name and other identifying information (personal information); and
- Medical history.

▶ Note: If the individual is under 18yrs of age, the Signatory must be a parent or guardian of the Individual. The individual must also sign if he or she is under 18 and able to give and understand the consent. If the individual is 18 or older, the Signatory and the individual will be the same person.

2. PURPOSE

The Department of Education is collecting your child's personal details (Form B6) and medical history (Form B7) in accordance with the *Information Privacy Act 2009* and *section 426 Education (General Provisions) Act 2006*, in order to share your son/daughter's medical history with medical professionals in the event of accident or illness. The information will only be accessed by authorised employees within the Department of Education.. This information will not be given to any other person or agency unless either you have given permission or it is required by law.

3. DURATION

This authority and consent will continue until 31 December of the current year, except triathlon & aquathlon, where form will remain valid for 12 months from the signature date. This Consent Form revokes and replaces all previous consent forms in relation to the individual.

4. LIMITATIONS

The individual or Signatory wishes to limit the consent in the following way

AUTHORITY AND CONSENT

- I hereby authorise the obtaining on my behalf of such medical assistance as(name of Individual) may require in the event of accident or illness. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.
- I consent for authorised Department of Education employees to share:
 - My personal details, and
 - The individual's personal details and medical history with relevant medical professionals in the event of accident or illness or as required by law.

STUDENT

Student Signature:

(Student's signature only required if 18 or over)

Date:

SIGN HERE

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Parent / Guardian Signature:

Date:

SIGN HERE

Peninsula School Sport, as an operational unit of the Department of Education., is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.

AVAILABILITY / NON-AVAILABILITY FOR SELECTION FORM

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

This form **MUST** be completed and given to the District manager / Official prior to the District / Regional Trial.

Availability / Non Availability for selection in a regional team is conditional upon acceptance of the following conditions.

- Students must be available to participate for the full duration of the State Championships and understand that they will not be available for any other activities including school, club and community activities / sporting games during the championships.
- All team members are advised that leave will not be granted to participate in any other activity from the time of State Championship team assembly. Any students requesting to leave the championship, in emergent circumstances must seek the approval of the team management.
- If selected in a Regional Team, all Team members, except for those in T&F & Swimming, must be available to attend State Championship Opening and Closing ceremonies, team photos session and any other stated compulsory events.
- Students shall not make themselves available for selection in more than one summer and one winter sport (Excluding swimming, cross country and athletics), where the dates of regional or state championships may overlap for training or competition.
- Members of the regional team will be required to train outside of school hours prior to the State Championships. If not available for any session, they must notify the team officials prior to training.
- The student must genuinely want to be a member of the regional team and will only withdraw for exceptional circumstances. Withdrawal without notice or exceptional circumstances may result in exclusion from selection in any district / regional teams.
- On some occasions costs may be a factor of availability for selection. Payment in full will need to be made at least 2 weeks prior to the State Championships. Please take this into account before making yourself available for selection. A copy of these approximate costs can be obtained through the School Sport Coordinator or found on the Peninsula School Sport website.
- Students and Parents who accept an invitation to be a member of the regional team must agree to abide by contents and conditions of the "Code of Conduct – Team Members and Code of Conduct – Parents & Spectators" and accept the parental responsibilities contained therein.

PARENT / GUARDIAN

*I have read and agree to the conditions stated above. I give approval for my child to participate in the district / regional trials and Request / Do Not Request **(circle one)** that my child be considered for selection in the above-mentioned district / regional team.*

Parent Signature:

Date:

SIGN HERE

STUDENTS

I wish to be considered for selection in the above named student in the district / regional team and agree to be bound by the above conditions.

Student Signature:
(Student's signature only
required if 18 or over)

Date:

SIGN HERE

PRINCIPAL

*I Approve / Do Not Approve **(Circle one)** of the selection of the above named student in the district / regional team and verify that the date of birth is correct.*

Principal Signature:
(or Nominee)

Date:

SIGN HERE

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PARENT CONSENT FORM

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

1. I accept the invitation for my child to be a Peninsula Team Member and I hereby give my consent for my child to participate in any activity arranged by, or participated in by Peninsula School Sport or any affiliated body.
2. I understand that participation in this team is also dependent on the receipt of a signed Principal's Approval Form verifying that your child is enrolled as a student at that school and that the school is confident that your child can abide by the Code of Conduct – Team Members and that the students record of attendance and conduct are such that I recommend the student as one who merits selection.
3. I hereby give my permission for him/her to use such known forms of transport, including air or coach transport, for such travelling as may be deemed necessary.
4. I agree that, during the periods of the aforesaid competition in which my child is participating, and during such travelling and other activities as may be deemed necessary, my child shall be under the sole direction of the person/s duly appointed in charge of the squad/s and/or team/s in which your child is included.
5. I agree to meet the costs associated with participation in this activity, and accept that I may forfeit levies paid and / or incur a cancellation fee for late notification in cancelling travel bookings. Parents may incur any penalties imposed by the airlines, if alterations are made to the flight arrangements provided for your child by Peninsula School Sport. NB. Penalties of up to 100% may be imposed by airlines 30 days out from travel date.
6. I further agree to meet the costs for any illness, accident or unforeseen circumstances which may occur during the periods of the activities in which my child participates and during such travelling and other activities as may be deemed necessary.
7. I agree that if my child has a medical condition that my impact on their safety during participation in sporting activities that they must be cleared by a medical practitioner, to participate in the activity.
8. I further agree that my child must wear a mouthguard when participating in AFL, Rugby Union, Rugby League, Hockey and Water Polo. The Department of Education strongly recommends that students wear custom-fitted mouthguards. I understand that mouth protection is mandatory in these sports. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection my child will wear whilst playing these sports.
9. I acknowledge that the Department of Education / Peninsula School Sport do not have personal accident insurance cover for students during competition and associated activities. Sport, particularly contact sports, carries inherent risks of injury. It is a personal decision of the parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.
10. I also agree that my child is responsible for sun protection by providing their own hat and SPF 15+ broad spectrum sunscreen.
11. I have read the attached PSS **Code of Conduct – Team Members** and **Code of Conduct – Parents & Community**. I understand and agree to abide and respect its contents and conditions and accept the parental responsibilities contained therein.
12. I understand if I fail to complete all documentation or fail to abide by stated conditions, that a range of consequences may be applied and my child may be excluded from future involvement in Peninsula School Sport.

▶ AGREEMENT

I, _____ have read and understand the *Code of Conduct – Team members* and *Code of Conduct – Parents & Spectators* and agree to abide by its conditions.

Parent / Guardian Signature:

Date:

SIGN HERE

Student Signature:

Date:

SIGN HERE

(Student's signature only required if 18 or over)

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It is Peninsula School Sport policy that officials' first preference of contact is directly with parents. However, in certain situations Peninsula Officials may need to contact team members directly.

I _____ (Parent / Caregiver) of _____ **give / do not give** permission for my child to be contacted directly via phone/text message by the appointed Peninsula School Sport Officials in matters directly concerning the activities related to being a team member of Peninsula School Sport _____ team. Pre-carnival contact may include matters relating to training prior to the championships, and for communication and risk management whilst the team is away.

Phone (Parent) :		Phone: (Student):	
Parent Signature :		Date :	

► PLAYER DETAILS

Surname :		First Name :	
Date of Birth :		Gender :	
Home Address :			
		Postcode :	
Phone (Home) :		Mobile (Students) :	
Parent's Email address :			
School :			

► PARENT/ GUARDIAN / CARER (1)

Surname :		First Name :	
Home Address :			
(If different to player's)			
		Postcode :	
Phone (Home) :		Mobile (Parents) :	
Parent's Email address :			
Business Address :			
		Postcode :	
Phone (Business):			

► PARENT/ GUARDIAN / CARER (2)

Surname :		First Name :	
Home Address :			
(If different to player's)			
		Postcode :	
Phone (Home) :		Mobile (Parent 2) :	
Parent 2 Email address :			
Business Address :			
		Postcode :	
Phone (Business):			

► CONTACT PERSON (When parent / guardian / carer cannot be contacted)

Surname :		First Name :	
Home Address :			
(If different to player's)			
		Postcode :	
Phone (Home) :		Mobile Phone:	

► ANY RELEVANT FAMILY HISTORY

Peninsula School Sport, as an operational unit of the Department of Education, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.

Student health information – Queensland Representative School Sport

Privacy Notice

The Department of Education (DoE), through Queensland Representative School Sport is collecting personal information in this form in order to support the health needs of students during representative school sport activities. The forms will be collected by the Team Officials, who will provide them to department staff involved in the running of the event and first aiders/health professionals engaged if the student requires first aid and/or health support during the sporting event.

Instructions for completing this form

1. Complete Sections 1 to 5 of this form.
2. Complete the attached *Consent to administer medication* form (if required).
3. Attach a copy of any Emergency Health Plans or Action Plans from the student's health practitioner or doctor that support the student's health needs (if required).
4. Contact the Team Official to discuss arrangements if the student has a condition that may require medication as an emergency response and/or if they require additional support to manage their condition.
5. Return the completed form and any attachments to the Team Official by requested date.

Insurance

The Department of Education does not have personal accident insurance cover for students. If a student is injured as a result of an accident or incident while participating in representative school sport, all costs associated with the injury, including medical costs are the responsibility of the student's parent/carer or adult student themselves.

Student health information

Section 1: Student details			
Student name			
Date of birth		Year level	
Parent/carer/contact name			
Contact phone numbers:	Home:		Work:
	Mob:		Emergency:
Medical Practitioner name			
Practice name		Contact number	

Queensland School Sport

Section 2: Health conditions

2.1. Does the student have any health conditions?

☐ No

Go to 2.3

☐ Yes

Go to 2.2

2.2. Indicate the student's health condition/s

- | | | | |
|--------------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> Asthma | Emergency Health Plan / Action Plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Anaphylaxis | Emergency Health Plan / Action Plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Diabetes | Emergency Health Plan / Action Plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Epilepsy | Emergency Health Plan / Action Plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Other _____ | | | |

Attach any Emergency Health Plans or Action Plans relating to the condition and contact the Team Official as soon as possible to discuss any support required to manage the student's health condition, especially if the student requires medication / an emergency response and/or if they require additional support to manage their condition.

Other Emergency Health Plan / Action Plan attached ☐ Yes ☐ N/A

2.3 Has the student had any recent head injuries or concussion? Describe the injury and treatment

Injury details:

☐ No

☐ Yes

Date of injury:

Management of injury:

2.4. Does the student have any current or previous sprains, strains or other injuries (e.g. to the knee, hip, shoulder, ankle or back) which may affect their participation?

☐ No

Go to 2.6

☐ Yes

Go to 2.5

2.5. Describe the injury and recent treatment:

2.6 Is the student medically fit to participate in this sports event?

A **medical clearance specific to the sport** may be required prior to participation in the activity

☐ No

☐ Yes

Section 3: Medication requirements

3.1 Will the student require medication during this activity?

☐ No

☐ Yes

3.2 Does the student require staff to administer their medication?

☐ No

☐ Yes

3.3 Does the student have parent approval to self-administer their medication?

☐ No

☐ Yes

If **YES** to any of these questions:

- contact the student's Team Official as soon as possible to ensure that the student's medication needs can be supported and to request the appropriate *Consent to administer medication* form.



Section 4: Other

3.4 Describe below if the student has any other health related issues which may affect their participation in representative school sport:

Section 5: Consent

Name of representative sporting event				
Name of student				
<p>Please read the following conditions of participation and indicate your agreement by signing below:</p> <ul style="list-style-type: none"> I have reviewed the information I have provided on this form and confirm that this information is correct. To the best of my knowledge, the student named in this form is medically fit and able to participate in this representative sporting event. I will notify the Team Official if there is a change in any health conditions detailed above or if the student is no longer medically fit or able to participate for health/injury reasons in this representative sporting event. I agree that should the student be medically unfit to participate fully in the representative school sport activity for which they have been selected, they may be required to withdraw. I am aware that the department does not have any personal accident insurance cover for students. In the event of an accident or illness, staff may obtain or administer any medical assistance or treatment that the student named in this form may reasonably require. I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including transportation costs) and will undertake to reimburse the department the full amount of those costs. 				
Name of parent or carer				
Signature	<table border="1"> <tr> <td></td> <td>Date:</td> <td></td> </tr> </table>		Date:	
	Date:			

MOUTHGUARD CONSENT FORM

The Department of Education Curriculum Activity Risk Assessment (CARA) guidelines mandate that **mouthguards are compulsory** for students wishing to participate in a school sport representative event for the sports listed below.

- Australian Football (AFL)
- Rugby League
- Rugby Union
- Hockey
- Water Polo

The Department of Education strongly recommends that students wear custom-fitted mouthguards.

Parents / Carers are requested to refer to the Australian Dental Association website below in order to make an informed choice about the different types of available mouthguards.

<https://www.ada.org.au/Your-Dental-Health/Teens-12-17/Mouthguards>

If a student is unable to wear a mouthguard for medical reasons, then:

- a signed medical clearance certificate is required prior to participating in the representative event.


Please complete the **Parent / Carer Consent And Medical Declaration Section** below

- Return this form to the relevant team official, along with all other required paperwork, **prior** to the representative event.
- **Failure to comply** with this permission process will mean that the **student will be unable to participate** at the specific representative school sport event.

STUDENT DETAILS			
Surname :	First Name :		
Date of Birth :	Gender :		
Sport :	Age Level :		

PARENT / CARER CONSENT AND MEDICAL DECLARATION	
<p>I, _____ (name of parent) understand that mouth protection is mandatory in this sport. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection I/my child will wear whilst playing this sport.</p> <p>I confirm that the above mentioned student:</p> <p>Please tick <u>one</u> of the boxes below (</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> Has NO identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport. </div> <div>OR</div> <div> <input type="checkbox"/> Has an identified medical condition/s that may impact on their safety during participation in this sport and therefore cannot wear a mouthguard. GO TO CLEARANCE SECTION below. NB. Will need to be completed by a medical practitioner. </div> </div>	

PARENT / GUARDIAN	
Signature	Date:



MEDICAL CLEARANCE – Re: Mouthguard

NB. ONLY NEEDS TO BE COMPLETED if ticked “Cannot wear a mouthguard “ in the section above

The following to be completed by a **Registered Medical Practitioner**

Please stamp OR print your name, degrees / special qualifications, address of practice and provider number.			
I certify that I saw and examined	First Name:	Surname:	on

- I am of the opinion that this person has an identified medical condition/s that may impact on their safety during participation in this sport and therefore **cannot wear a mouthguard**.

Dates of QSS / Regional Competition :	/ / to / /
Signature	Date:



Queensland Representative School Sport

Student's Code of Conduct

- Take responsibility for your own behaviour and performance.
- Compete by the competition conditions and rules.
- Respect the judge's, referee's or umpire's decisions.
- Encourage and support your team members.
- Show respect for yourself, your team mates, officials, your opponents and their skills.
- Respect the rights and worth of every person.
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden.
- Entering or remaining upon restricted licensed premises unless under the supervision of Team Officials or parents / guardians is strictly forbidden.
- Ensure you adequately prepare and recover for competition.
- Wear the official team uniform as directed by Team Officials.
- Check - in and check - out with Team Officials each day.
- Stay in the designated team area and support other team members during the event.
- Follow all directions of Team Officials.
- Ensure that you have telephone numbers of Team Managers at all times in case of emergency.

Parent and Community Code of Conduct

- Cooperate with the Team Officials to achieve the best outcomes for your child.
- Support team and event officials in maintaining a safe and respectful learning environment for all students.
- Maintain positive relationships with Team Officials regarding your child's learning, wellbeing and behaviour.
- Be courteous and constructive in your communication with players, Team Officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.
- Let game officials conduct events without interference.
- Demonstrate respect for opposing players and their supporters.

*Refer to the [Department of Education Parent and Community Code of Conduct](#) for further information.








Parent and Community Code of Conduct

Supporting learning, wellbeing and safety in every Queensland state school

We welcome parents¹ and other members of our diverse community into schools across Queensland.

Working together with their school community², school staff support the learning and wellbeing of every student, and are entitled to a safe work environment.

Parents and other visitors to schools support safety by ensuring their communications and conduct at the school and school activities is respectful.


Elements of engagement	It is expected that parents and visitors to our school communities will:	Parents and visitors to our school communities demonstrate this by:
Communication 	<ul style="list-style-type: none"> • be polite to others • act as positive role models • recognise and respect personal differences • use the school's communication process to address concerns 	<ul style="list-style-type: none"> • using polite spoken and written language • speaking and behaving respectfully at all times • being compassionate when interacting with others • informing staff if the behaviour of others is negatively impacting them or their family • respecting staff time by accepting they will respond to appropriate communication when they are able • requesting a meeting to discuss any concerns about their child's education — allowing staff time to prepare and appreciating their time may be limited
Collaboration 	<ul style="list-style-type: none"> • (parents) ensure their child attends school ready to learn • support the Student Code of Conduct 	<ul style="list-style-type: none"> • taking responsibility for their child arriving and departing school safely on time every day • reading and encouraging their child to understand and follow the Student Code of Conduct
School Culture 	<ul style="list-style-type: none"> • recognise every student is important to us • contribute to a positive school culture • work together with staff to resolve issues or concerns • respect people's privacy. 	<ul style="list-style-type: none"> • valuing each child's education • acknowledging staff are responsible for supporting the whole school community • speaking positively about the school and its staff • not making negative comments or gossiping about other school community members, including students — in person, in writing or on social media • understanding, at times, compromises may be necessary • considering the privacy of all school community members at all times, and understanding that the school cannot share confidential information.

¹The term 'parent' refers to parents, carers, guardians and people who exercise parental responsibility for a child.

²The term 'school community' refers to staff, students, parents, local business and community organisations and visitors to the school.

Queensland Representative School Sport

Instructions to complete the Consent Form for Queensland Representative School Sport

For a parent/carer:	<ol style="list-style-type: none"> 1. Read the Information sheet: Consent Form for Queensland Representative School Sport (pages 1-4) and retain for your records. 2. Complete and return the Consent Form for Queensland Representative School Sport – 2025 (pages 5-6) to the appropriate person for the level of trial you are attending: <ol style="list-style-type: none"> a. District Trial – District Convenor/Coach/Students school b. Regional Trial – District Coach/Manager c. State Championship – Regional Manager d. SSA Event/Exchange – State Manager
For a mature age student or student over 18 years old*:	<ol style="list-style-type: none"> 1. Read the Information sheet: Consent Form for Queensland Representative School Sport (pages 1-4) and retain for your records. 2. Complete and return the Consent Form for Queensland Representative School Sport – 2025 (pages 5-6) to the appropriate person for the level of trial you are attending as outlined above.
For an independent student*:	<ol style="list-style-type: none"> 1. A staff member will assist you in reading and comprehending the Information sheet: Consent Form for Queensland Representative School Sport (pages 1-4), and the Consent Form for Queensland Representative School Sport – 2025 (pages 5-6). 2. The staff member who assisted you will complete Section C of the Consent Form for Queensland Representative School Sports – 2025. 3. You will complete and return the Consent Form for Queensland Representative School Sport – 2025 (pages 5-6) to the appropriate person for the level of trial you are attending as outlined above.
If you need help with English: 	<ol style="list-style-type: none"> 1. Ask the school for an interpreter. 2. Ask the interpreter to read the Information sheet: Consent Form for Queensland Representative School Sport (pages 1-4) and the Consent Form for Queensland Representative School Sport – 2025 (pages 5-6). 3. Keep the Information sheet: Consent Form for Queensland Representative School Sport for your records. 4. Complete and return the Consent Form for Queensland Representative School Sport – 2025 (pages 5-6) to the appropriate person for the level of trial you are attending as outlined above.

***Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

An **independent student** is a student younger than 18 years who:

- (in most cases) is living independently of their parent/carer
- does not have another adult exercising parental responsibility for them (i.e. taking care of the student's housing, food, clothing and transport needs)
- has the capacity to make decisions on their own behalf.

This does not include primary school-aged students, students in out-of-home care, international students living in a homestay arrangement or with a relative, and dependants of temporary visa holders living in Queensland.

A **mature age student** is a person who is 18 years or older and actively enrolled in a [mature age state school](#) under the provisions of ss.155-156 of the Education (General Provisions) Act 2006 (Qld).



**Queensland
Government**

Queensland Representative School Sport

Information sheet: Consent Form for Queensland Representative School Sport

Read the information below and retain for your records:

This Consent Form for Queensland Representative School Sport is designed to gain consent to collect, record, use and/or disclose selected personal information for a student participating in one or more representative school sports at District, Regional, State, National and International level, managed by Queensland Representative School Sport.

Personal information and materials covered by this form

The department may use, record, collect and/or disclose the following personal information and/or materials:

- (a) **personal information** that may identify the person in **Section A**:
 - > Name
 - > School name
 - > School year level
 - > Age
 - > Date of birth
 - > Image/photograph
 - > Sporting Organisation Personal Identification Number
 - > Recording (voices and/or video)
 - > Copyright materials (artistic works or performances)
 - > Achievement or performance results
- (b) audio-visual recordings of the individual/team, image and voice during associated sporting events
- (c) photographic recordings of the individual/team during sporting events
- (d) written materials and reports recording information about the individual/team, including written summaries
- (e) annotated samples of the individual/team sporting performance, (including video or image)
- (f) representing Indigenous knowledge or culture.

Purpose

If consent is given in **Section B** below, the Department of Education (DoE) through Queensland Representative School Sport (QRSS) will be able to use, record, collect and/or disclose the Individual's personal information and/or materials to the relevant third-party, including sporting organisations, School Sport Australia, and/or education departments of other Australian state and territory governments for any of the following approved purposes :

- (a) Facilitation, organisation and administration of representative school sport events (often with assistance from the relevant sporting organisation or other relevant third-party)
 - Includes talent identification, grading, competition draws and timetables, publication of results, and arranging travel and accommodation associated with event participation.
 - May include disclosure of personal information to third-party providers of software programs/applications (licensed to DoE by an external provider) in order to facilitate administration of the competition. (Refer to the Third-party software and application providers in the definitions section of this form.)
- (b) Promotion of DoE, QRSS and representative school sport events
 - Includes any activities engaged in during the course of the representative school sporting events, as described in the attached letter, for purposes of public relations, promotion, advertising, presentations, publications, displays, media, promotional, marketing and communication materials and commercial activities.
 - includes recording, publishing and promotion of representative school sport events via social media, online or in printed or other forms of media as set out at <https://queenslandschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management> including: any purpose, commercial or otherwise, required by operators of the websites as a condition of uploading the personal information or materials (DoE may need to accept contractual obligations that are perpetual and



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irrevocable in uploading material to such websites); and transfer of the personal information outside of Australia in the course of the operation of the website.

(c) Event merchandising and memorabilia

- Products may be complementary (e.g. event programs) or available for purchase by participants of representative school sport events (e.g. team photographs, action photography, videography, t-shirts) which involve disclosure of personal information to external suppliers.

Third-party organisations, contractors and volunteers

Personal information and/or materials may be disclosed by DoE to the following third-parties:

- Commercial photographers and videographers
- Commercial printers and merchandise providers
- Sporting organisations as authorised by DoE
- Technical support providers
- Third-party software and application providers
- Travel agents, airlines and accommodation providers
- Non-employee volunteers as authorised by DoE to assist with facilitation, organisation and administration of representative school sport events, in roles including but not limited to coaches, managers, convenors and team marshalls.

(Refer to **Appendix 1** of this form for more detail about third-parties and other definitions.)

Important information regarding offshore hosting

If you provide consent, DoE may disclose your personal information to third-party organisations or services. These organisations or services will include private companies hosted offshore or outside of Australia. This means that data that is entered into these third-party software and application provider sites, including the Individual's personal information, will be transferred outside Australia and stored on servers based in other countries and therefore not subject to Queensland or Australian privacy laws.

Before you complete this consent form we strongly advise that you understand the purposes for which these third-party software and application providers collect this information, what will be done with it, who else may have access to it and where the data is stored. Further information can be found on

<https://queenslandsschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.

refer to each application/s and website's terms and conditions and/or privacy policy.

Timeline for consent

Consent applies for the calendar year or until you decide to limit or withdraw consent. Further information on limiting or withdrawing consent can be found on <https://queenslandsschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.

During the school year there may be circumstances where the DoE may seek additional consent. If this consent form, or attachments are updated during the period of consent, the department will provide you with information advising of the changes or updates and seek confirmation of continued consent.

No form, no consent

If a student does not return the completed and signed **Consent Form for Queensland Representative School Sport - 2024**, Queensland Representative School Sport will record that consent has **NOT** been provided.

Contact details

Please contact **the student's school** if you have any queries regarding this information.

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APPENDIX 1: DEFINITIONS

Approved Purposes has the meaning given in **Information sheet: Consent Form for Queensland Representative School Sport** of this Consent.

Commercial photographers and videographers are third-party contractors engaged by the department to provide photography and videography services at representative school sport events. They have a contract with the department, agreeing to the department's terms and conditions. Photography and videos may be published on the commercial photographer/videographer's website for display or retail sale. A list of commercial photographers and videographers are set out at <https://queenslandsschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.

Commercial printers and merchandise providers are third-party contractors engaged by the department to provide printed materials and merchandise at representative school sport events. They have a contract with the department, agreeing to the department's terms and conditions. A list of Commercial printers and merchandise providers are set out at <https://queenslandsschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.

Consent, for the purposes of this form, means completing and signing **Section B** of the Consent Form for Queensland Representative School Sport – 2024 to give permission for the department to collect, use and disclose a student's personal information as described in the form.

The department or DoE means the Department of Education (Queensland).

Individual is the person whose Personal Information and/or Materials consent is being sought for. The Individual is identified in **Section A** of this Consent.

Materials are those specifically listed in the **Information sheet: Consent Form for Queensland Representative School Sport**.

Personal Information means information (including captured electronically in databases) and images recorded in a material form (e.g. paper) or not, about a person whose identity is apparent, or can reasonably be ascertained, from the information that is specifically listed in **Section A** of this Consent Form for Queensland Representative School Sports – 2024.

Queensland Representative School Sport (QRSS) is the Department of Education unit that administers the representative school sport program in Queensland. Queensland Representative School Sport includes the District, Regional, State and National school sport pathway.

School Sport Australia is an incorporated association responsible for the development and promotion of school sport in Australia. School Sport Australia provides high-quality national sport championships for representative State and Territory school sports teams.

Sporting Organisations are third-party local, state and/or national organisations who administer, support and promote a specific sport. These organisations are recognised and may receive funding from the state and/or federal government. They collaborate with, and support Queensland School Sport to deliver representative school sport events.

Sporting Organisation Personal Identification Number is a number created by some sporting organisations, including golf (TQ number), tennis, triathlon. It is used to administer an Individual's involvement in that particular sport. A sporting organisation will provide the student a PIN application form for completion on registration if required. The list of representative school sports using a sporting organisation personal identification number are set out at <https://queenslandsschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.

Technical Support Providers are individuals/organisations engaged by the department to provide a service for the operation of the representative school sport program.

Third-party software and application providers of software and applications currently used by DoE Queensland Representative School Sport and relevant sporting organisations are set out by sports at <https://queenslandsschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.



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Consent Form for Queensland Representative School Sports - 2025

Section A: Complete the student details below:

Privacy Statement

The Department of Education (DoE) is collecting your personal information on this form in order to obtain consent for the use and disclosure of you and your child's personal information to manage and promote district, regional, state and national representative school sports. The information will be used and disclosed by authorised departmental employees for the purposes outlined in Sections A and B. Personal information may also be used or disclosed to third-parties as authorised in **Section A** or where authorised or required by law. This information will be stored securely.

Student details

Full name of student

Date of birth

Name of School

Year level

Age group

Sporting organisation Personal Identification Number - if required (see Appendix 1 for details)

Where the above student's personal information and materials are to be disclosed (e.g. in media, on display boards at events), please indicate if and how you would like their name disclosed:

If no selection is made or do not disclose name is selected, the student will be assigned a code to identify them.

☐ Full Name

☐ First Name only

☐ Do not disclose name

If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact the appropriate person for the level of trial the student is attending (see page 1)

Representative School Sports

The student listed above is playing the following representative school sport/s (tick as applies):

☐ Australian football
☐ Baseball
☐ Basketball
☐ Cricket
☐ Cross country

☐ Football
☐ Futsal
☐ Golf
☐ Hockey
☐ Netball
☐ Rugby league

☐ Rugby union
☐ Rugby 7's
☐ Softball
☐ Squash
☐ Surfing
☐ Swimming

☐ Tennis
☐ Touch football
☐ Track and field
☐ Triathlon and Aquathlon
☐ Volleyball
☐ Water polo



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Section B: Complete the details below:

Consenter details– the person giving the option of consent

I am (tick as applies):	<input type="checkbox"/> parent/carer of the student listed in Section A , OR <input type="checkbox"/> the student listed in Section A (independent student).
I confirm that:	<input type="checkbox"/> I have read the Information sheet: Consent Form for Queensland Representative School Sport , or it has been read to me.

Consent options – Select **Option 1: YES** or **Option 2: NO**

Option 1:	<input type="checkbox"/> YES. I provide my consent.
------------------	---

By indicating YES (above), I consent to DoE recording, using and/or disclosing (publishing) the personal information and materials for the Approved Purposes identified in **Section A**.

I acknowledge that I will not be paid for giving this consent nor will a payment be made for the use of personal information or material.

By signing, I also agree that this Consent Form is a legally binding and enforceable agreement between the consenter, DoE and the State. For the benefit of having the materials (detailed in **Information sheet: Consent Form for Queensland Representative School Sport**) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify DoE of any third-party intellectual property incorporated into the licensed materials.

Consent applies for **this calendar year** or until you decide to limit or withdraw consent.

Option 2:	<input type="checkbox"/> NO. I do not provide my consent.
------------------	---

By indicating NO (above), I do not consent to DoE recording, using and/ or disclosing (publishing) the personal information and materials for the Approved Purposes identified in **Section A**.

Name, date and signature of Consenter – Please complete

Name of consenter			
Signature		Date	

Section C: For school staff use only:

I assisted the independent student listed in Section A in reading, comprehending and completing the **Information sheet: Consent Form for Queensland Representative School Sport** and the **Consent Form for Queensland Representative School Sport – 2025**.

Name			
Job title			
Signature		Date	



Queensland Representative School Sport

Track & Field – Certificate of Competence & Consent/Medical Declaration Form

Queensland students participating in high and extreme risk field events (High Jump – Fosbury Flop, Discus, Javelin, Hammer Throw and Pole Vault) at School Sport Track and Field Championships (District, Regional, State and National) are required to provide parental/carers consent and a medical declaration. Students may also be requested to provide a certificate of competence to be nominated for competition.

The **Certificate of Competence** form (below) provides confirmation from a suitably qualified coach/teacher that the student can execute the technique required for each event at a standard which is not likely to cause an unreasonable risk to the safety of themselves, other students, or officials. Should a suitably qualified supervisor determine that a student's technique is unsafe during competition, they may request the student to modify their technique or remove the student from competition. If the student has already qualified for selection during the competition, they may be required to provide a new certificate of competence (or evidence of additional instruction and training from a suitably qualified coach) prior to being nominated for the next level of competition.

Parents/carers must complete the consent and medical declaration sections below (tick all relevant boxes). Students with an identified medical condition must also provide a medical clearance to participate.

Failure to submit the consent and medical declaration/clearance will result in the student being unable to participate (or use the Fosbury Flop technique) in the specific field event.

Student Details

Student's Name		Date of Birth	
School			

Parent / Carer Consent

I, _____ (name of parent) understand the listed field events are considered as high/extreme risk. I give consent for my child (details above) to participate in the following event/s.

(tick each box relevant to your child)

☐ **HIGH JUMP (Fosbury Flop technique)** ☐ **DISCUS** ☐ **JAVELIN** ☐ **HAMMER** ☐ **POLE VAULT**

Signature of Parent: _____ **Date:** _____

Parent / Carer Medical Declaration

I, _____ (name of parent) declare my child (details above) has **NO** identified medical condition/s that may impact their safety during participation in the following high/extreme risk field event/s.

(tick each box relevant to your child)

☐ **HIGH JUMP (Fosbury Flop technique)** ☐ **DISCUS** ☐ **JAVELIN** ☐ **HAMMER** ☐ **POLE VAULT**

Signature of Parent: _____ **Date:** _____

Only complete the following section if your child has an identified medical condition and has been given medical clearance to participate in a specific field event.

I, _____ (name of parent) declare my child (details above) **DOES HAVE** an identified medical condition/s that may impact their safety during participation in high/extreme risk field event/s.

I have provided a medical certificate declaring my child is clear to participate in the following event/s.

(tick each box relevant to your child)

☐ **HIGH JUMP (Fosbury Flop technique)** ☐ **DISCUS** ☐ **JAVELIN** ☐ **HAMMER** ☐ **POLE VAULT**

Signature of Parent: _____ **Date:** _____

Discus & Javelin – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of the technique required to **safely compete in:**

☐ **DISCUS** ☐ **JAVELIN**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ (Please provide a copy)

Minimum Qualification:

- a registered teacher with qualifications in Physical Education (or equivalent demonstrated capability) and competence (knowledge and skills) in teaching discus/javelin
or
- an adult supervisor, working under the direct supervision of a registered teacher, with current level 2 club coach accreditation from Athletics Australia

Hammer – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of the technique required to **safely compete in:**

☐ **HAMMER**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ (Please provide a copy)

Minimum Qualification:

- *For standing throws:* A registered teacher, or other adult supervisor working under the direct supervision of a registered teacher, with current **Level 2** club coach accreditation from Athletics Australia and experience in coaching hammer throw.
- *For turning throws:* A registered teacher, or other adult supervisor working under the direct supervision of a registered teacher, with current **Level 3** performance development coach accreditation from Athletics Australia and experience in coaching hammer throw.

High Jump (Fosbury Flop) – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of the technique required to **safely compete in High Jump using the Fosbury Flop.**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ (Please provide a copy)

Minimum Qualification:

- a registered teacher with qualifications in Physical Education (or equivalent demonstrated capability) and competence (knowledge and skills) in teaching high risk high jump (e.g. successful completion of a high jump workshop approved by Athletics Australia)
or
- an adult supervisor, working under the direct supervision of a registered teacher, with current level 2 club coach accreditation from Athletics Australia.

Pole Vault – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of the technique required to **safely compete in Pole Vault.**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ (Please provide a copy)

Minimum Qualification:

- A registered teacher, or other adult supervisor working under the direct supervision of a registered teacher, with current Level 3 Performance Development Coach accreditation from Athletics Australia and experience in coaching pole vault