

Queensland Representative School Sport

Invitation to be a team member and participate in the Queensland Representative School Sport program

Dear Parent/Carer/Independent student

I wish to confirm that your child is invited to be a member of the _____ to participate at the _____

This is a great opportunity for your child to be involved in their chosen sport within the school sport pathway. Queensland Representative School Sport enables safe, affordable and equitable representative school sport pathways with an unrelenting focus on excellence, engagement and wellbeing for students and staff. This experience provides opportunities for students and staff to develop the capabilities of leadership, resilience, teamwork, sense of fair play and sportsmanship on and off the field.

Costs

Costs associated with the program may include a player levy and the purchase of uniform items. Cost details will be made available by the relevant district, region or state sport offices.

Transport and accommodation

For district/regional trials and State Championships, group transport or accommodation may be provided in some circumstances. If relevant, this will be communicated with families upon selection in the team.

For National Championships/Interstate Exchanges, Queensland Representative School Sport does not provide group transport or accommodation without prior approval from the QRSS Board in limited circumstances.

Where the event is away from your home location, as the parent/carer/independent student you are responsible for:

- transport to and from the event/Championships/SSA/Interstate exchange
- accommodation for the duration of the event/Championships/SSA/Interstate exchange; and
- supervision of your child outside of event hours.

Activity risks and insurance

The Department of Education does not have personal accident insurance cover for students. If a child/student is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer/independent student. Some incidental medical costs may be covered by Medicare. If the parent/carer/independent student has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer/independent student. It is up to the parent/carer/independent student to decide the type/s and level of private insurance they wish to arrange to cover for their child/themselves (if an independent student). Please take this into consideration in deciding whether or not to allow your child/yourself (if an independent student) to participate in this activity.

Instructions

1. Please complete the **Section A: Student details**.
2. If you accept this invitation, please complete **Sections B to H**.
3. If you wish to decline this invitation, please complete **Sections B and C**.
4. Return the completed form to _____ via _____ email _____ by _____.



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Acceptance of Invitation to be a team member of

Privacy statement

The Department of Education (DoE), through Queensland Representative School Sport, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purposes of:

- recording whether the student listed in Section A (below) accepts participation as a member of Queensland Representative School Sport at the district/regional trial, State/National Championships or Interstate exchange;
- supporting the health needs of the student listed in Section A during representative school sport activities, including medication administration where required; and
- for students involved in Australian football league, Rugby league, Rugby union, Hockey and Water polo, ensuring consent has been provided for mouthguard use in order to minimise the risk of mouth injuries during representative school sport activities.

This information will only be accessed by authorised departmental employees and persons authorised by Queensland Representative School Sport, including appointed team officials. In accordance with section 426 of the [Education \(General Provisions\) Act 2006](#) (regarding student's personal information) and the [Information Privacy Act 2009](#) (parent/carer's personal information), this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

Section A: Student details

Surname	Given name (Preferred name)	Date of birth
School name	Student's school email	

Section B: Response to invitation

☐ YES, I accept the invitation for my child/myself (if an independent student) named above to be a team member of the QRSS program under the conditions outlined by the sport offices.

and
☐ I consent for my child/myself (if an independent student) named above to participate in any activity arranged by the representative school sport team as listed by the sport offices.

Complete Sections C, D and E and return form to the Team Manager.

OR

☐ NO, I decline the invitation for my child/myself (if an independent student) to be a member of the team named above.

Complete Section C and return form to the Team Manager.

Section C: Signature block

Name of Parent / Carer / Independent student			
Signature of Parent / Carer/ Independent student		Date:	



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Section D : Parent / Carer (1) / Independent student details

Surname	Given name	Preferred name
Home address		
Mobile phone	Work phone	Home phone
Contact email		

Parent / Carer (2) details - Optional

Surname	Given name	Preferred name
Home address (if different to student's)		
Mobile phone	Work phone	Home phone
Contact email		

Section E: Emergency Contact Person (must be over 18yrs of age)

The emergency contact person is:	Parent/Carer 1	Parent/Carer 2
If the emergency contact is not either of the persons above, please complete the below details.		
Surname	Given name	Preferred name
Home address		
Mobile phone	Work phone	Home phone
Contact email		



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Section F - Student health information

Student name:

Date of birth:

Suspected concussion/Concussion

- | | | |
|---|--|---|
| 1. Has the student had any recent head injuries or concussion? | <input type="checkbox"/> No
Go to 4 | <input type="checkbox"/> Yes
Go to 2 |
| 2. Does the student have graduated Return to Play advice from their treating doctor? | <input type="checkbox"/> No
Go to 3 | <input type="checkbox"/> Yes
Go to 4 |
| 3. Has the student received medical clearance to participate in this sports event at the date of signing this form? | <input type="checkbox"/> No
See Note. | <input type="checkbox"/> Yes
Go to 4 |

Note: If your child has had concussion/suspected concussion, staff will follow advice from the treating doctor. Students who have graduated Return to Play advice from their treating doctor may be eligible to join the team, however, medical clearance is required for your child to fully participate in the sport.

Other injuries

- | | | |
|--|--|---|
| 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? | <input type="checkbox"/> No
Go to 6 | <input type="checkbox"/> Yes
Go to 5 |
|--|--|---|

5. Describe the injury and recent treatment:

Health conditions

- | | | |
|--|--|---|
| 6. Does the student have any health conditions that affect their participation in sport? | <input type="checkbox"/> No
Go to 8 | <input type="checkbox"/> Yes
Go to 7 |
|--|--|---|

7. Indicate the student's health condition/s

- ☐ Asthma
- ☐ Anaphylaxis
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Other _____

Attach any Emergency Health Plans, Action Plans or medical advice relating to the condition. 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.



Medication requirements

8. Will the student require routine medication (at a set time) during this activity?

☐ No☐ Yes

9. Could the student require medication as an emergency response, e.g. for asthma, anaphylaxis?

☐ No☐ Yes

10. Does the student require staff to administer their medication?

☐ No☐ Yes

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

☐ No☐ Yes

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

- complete the Consent to administer medication form (available in the [Administration of medications in schools](#) procedure)
- attach the completed Consent to administer medication form and any additional advice from the health practitioner e.g. action plan, letter, medication order, to this acceptance form
- contact the student's Team Manager as soon as possible to ensure that the student's medication needs can be supported.

Other

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

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Section G: Mouthguard consent

– for Australian football, Rugby league, Rugby union, Hockey and Water polo

Student name:

Date of birth:

Sport in which the above student is participating:

☐ Australian football

☐ Rugby league

☐ Rugby union

☐ Hockey

☐ Water polo

OR ☐ other sport. Go to Section H

It is a Department of Education requirement for students wishing to participate in Australian football, Rugby league, Rugby union, Hockey and Water polo to wear mouthguards. The Department of Education strongly recommends that students wear custom-fitted mouthguards.

Please refer to the [Sport Medicine Australia—Preventing Dental Injuries in Sport](#) and the [Australian Dental Association Sports Mouthguards recommendations](#) in order to make an informed decision about which mouthguard is most suitable for your child.

If your child is unable to wear a mouthguard for medical reasons, then a **medical certificate or letter signed** by the student's treating doctor is required **prior** to your child participating in this representative school sport event.

If you have any issues regarding purchasing a mouthguard, please contact the Team Manager and/or your school's principal.

To address student safety, if this mouthguard consent form is not completed, signed and returned, your child will be unable to participate in the specific representative school sport event.

Section G.1: Acknowledgement and signature block

☐ I 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 the student listed in Section A will wear whilst playing this sport.

☐ I confirm that the student listed in Section A has NO identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport.

OR

☐ I confirm that the student listed above **has an identified medical condition** that may impact on their safety during participation in this sport and therefore **cannot wear a mouthguard**. The required **medical certificate/letter from their treating doctor** is attached.

Name of parent/carer/independent student:

Signature of parent /carer/independent student:

Date:



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Section H: Consent

Name of representative sporting event

Name of student

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this document in relation to the QRSS program (including any attached material) and will commit to participation in all aspects of the program.
- I give consent for the student listed above to participate in the identified QRSS program.
- To the best of my knowledge, the student named in this form is medically fit and able to participate in this representative school sport.
- I have provided the Team Official with all relevant details of the student's medical and physical needs on registration/enrolment and where relevant have updated this information.
- 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. This includes concussion that may occur during an event.
- I agree that should the student be medically unfit to participate fully in the representative school sport event for which they have been selected, they may be required to withdraw.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the student may reasonably require, including contacting a doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I give consent for my child/student contact information to be shared in relation to the representative school sport event in compliance with relevant [Queensland Chief Health Officer's Directions](#).
- I am aware that the department does not have personal accident insurance cover for students.
- I will pay the Queensland Representative School Sport costs as outlined by the sport offices for the student's participation in the event.
- I acknowledge that transport/accommodation may be provided to attend trials/Championships.
- I acknowledge that the Team Officials have no responsibility for students during privately arranged travel to and from competition venues, or whilst in private accommodation.
- I have reviewed the information I have provided on this form and confirm that this information is correct to date.
- I will adhere to all QRSS program policies including the Department and QRSS Code of Conduct.

Name of parent /carer/
independent student:

Signature:

Date:

