

QUEENSLAND REPRESENTATIVE SCHOOL SPORT OFFICIALS EMERGENCY CONTACT DETAILS FORM

Official's Details		
Surname	Given Name	Date of Birth
Home address		
Mobile Phone	Work Phone	Home Phone
School	Contact email	

Emergency Contact 1		Emergency Contact 2 (optional)	
Relationship to official:		Relationship to official:	
Surname:		Surname:	
Given Name:		Given Name:	
Mobile Phone:		Mobile Phone:	
Work Phone:		Work Phone:	
Home Phone		Home Phone	
Contact email		Contact email	

The emergency contacts listed above will be contacted in case of an emergency. You may like to share this form with another team official with whom you are travelling, along with any pertinent health information (e.g. Anaphylaxis; asthma.)

Queensland Representative School Sport, as an operational unit of the Department of Education, is collecting this information to support the health needs of team officials during representative school sport activities in accordance with the Information Privacy Act 2009. The information will only be accessed by persons authorised by the Department. 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 the individual's health and welfare.

