Online Form - **Zone Cross Country 2.05.25**

Activity Name:	Zone Cross Country 2.05.25
Date/Time:	Friday 2 May 2025 9:00am - 12:30pm (Students are to attend roll call then meet at the bus bay.)
Description:	To participate in the representative pathway for Cross Country. Attending staff: C.Spain, O.Edwards, S.Taranawiwat **Please note: Numbers are limited for this event. Please submit your permission note with payment as soon as possible.**
Cost:	$12.00
Venue:	Lake Macquarie High School (16 Marmong Street, Booragul NSW 2284)
Start Location:	Glendale Technology High School
End Location:	Glendale Technology High School. Students will attend normal classes for the remainder of the day.
Transport:	Students will travel to and from the venue via chartered bus.
Dress Code:	Full sport uniform including hat, sunscreen and running shoes. Students can bring other clothes to run in.
Food:	Students to pack their own lunch, snacks and water bottle.
Additional Information:	Mobile phones - As this is a school event, normal mobile phone rules apply. They must be turned off and locked in Yondr pouches. Your supervising teacher will direct when mobile phones can be utilised for educational purposes.
Due Date:	Monday 28 April 2025

* indicates a required field

I have read the above details and give consent for my child, to attend the Zone Cross Country 2.05.25 *

◯ Yes ◯ No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Medical conditions/information relevant to the activity (including any medication required):

My child can be photographed at this event on the understanding the images may be used through our school communication.: *

◯ Yes

◯ No

Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: *

◯ Yes

◯ No

Does your student have any medical conditions? Please outline below. :

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 management

When a student enrolled in a government school is diagnosed with concussion, the principal must be advised in writing as soon as the diagnosis is confirmed. 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.

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.

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.

By signing this permission note, I acknowledge that:

- I have read the information provided and give permission for my child to participate in this event.
- I understand the NSW Department of Education Representative School Sport Pathway supports wellbeing, inclusivity and a sense of belonging for all students through sport and physical activity.
- I acknowledge that this event will be held in accordance with current NSW Health and Department of Education policies and procedures.
- I acknowledge that my child will be supervised by Department of Education teaching staff during the event.
- I understand the 'Accident insurance information' and 'Concussion management' set out above.
- I acknowledge that if my child seriously contravenes behavioural expectations, they may be immediately removed from participating in the event.
- 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 event.

Parent/Carer Signature: *

Please note: Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.