

Sporting & Adventure Activities

Consent Form



**Brighton
Secondary
School**

This agreement form represents written consent for my child to undertake the following activities under the supervision of Brighton Secondary School:

- Rock climbing & abseiling*
- Inflatable ninja challenge*
- Throwing events: shot put, discus, and javelin

**Rock climbing and abseiling is performed under the supervision of a ROCKABOUT rock climbing wall operator. The Inflatable ninja challenge is run by Epic Inflatables under the supervision of their instructor.*

Student Surname _____ Student Given Name _____ Year Level _____

Parent /Caregiver Name _____

Address _____ Post Code _____

Mobile _____ Home _____ Work _____

Email _____

Does your child have any health support, or medication administration needs that should be considered?

Yes No If Yes, has a care plan been provided to the school? Yes No

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school in the box below:

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child. I understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the site.

Acceptance Name _____ Signature _____ Date _____

In Case of an Emergency

Name _____ Relationship to child _____

Telephone 1 _____ Telephone 2 _____

Student Medic Alert Number (if applicable) _____