

**CONSENT FORM FOR ATHLETICS WHEN USE OF PROJECTILES ARE INVOLVED**

Please use block letters when filling out this form

**As a parent/legal guardian of:**

STUDENT/CHILD'S NAME	
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**I:**

PARENT/LEGAL GUARDIAN NAME	
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**give my consent for them to participate in athletic events which may involve the use of a projectile such as javelin, shot put or discus for educational purposes.**

Student's will be involved in athletic programs involving the use of projectiles throughout PE lesson time, but also during sporting events such as School & Interschool Track & Field Day (where information regarding date, activity and times will follow).

Consent forms for all other types of camps/excursions will be issued as they arise.

**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 is impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary.
- The information given is accurate to the best of my knowledge.
- The permission will continue until I revoke permission in writing to the Principal.

Signed: \_\_\_\_\_

Date:     /     /

<b>Student Medic Alert Number (If applicable):</b>	
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\*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health support needs.

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**Alistair Williams**  
Principal, Kadina Memorial School



**Government of South Australia**  
Department for Education