



# JAMES NASH STATE HIGH SCHOOL

A.B.N 84 190 394 644

PO Box 492 / 109 Myall Street, Gympie Qld 4570

Phone: (07) 5480 6333 Fax: (07) 5480 6300

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CRICOS Provider: Dept of Education and Training CRICOS No.: 00608A

23<sup>rd</sup> August, 2017

Dear Parent/Guardian

Your daughter has shown an interest in attending the Inaugural Wide Bay Girls Under 12 AFL Trials. This is an exciting opportunity for your daughter as AFL becomes a professional sport for women.

**Date:** Sunday 3<sup>rd</sup> September 2017

**Venue:** Hervey Bay Bombers oval  
Raward Street Hervey Bay

**Time:** 10:00am – 1:00pm

**Transport:** Private transport

**Cost:** \$10.00 per player

See attached Wide Bay letter for further information.

**Permission and medical forms due to Renee Randall in the MPS staffroom no later than Thursday 31<sup>st</sup> August 2017.**

Kind regards

*K Knight*

Mrs K. Knight  
Head of Sport JNSHS

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## **U12 GIRLS AFL WIDE BAY INVITATIONAL TRIAL PERMISSION FORM 2017 DUE THURSDAY 31<sup>ST</sup> AUGUST 2017**

I \_\_\_\_\_ give consent for my child \_\_\_\_\_  
*Parent/Guardian's name* *Student's name*

to compete at the U12 Girls AFL Wide Bay Invitational Trials at Hervey Bay on Sunday 3<sup>rd</sup> September 2017. We understand the requirements outlined above for this activity.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Great state. Great opportunity.**





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## GIRLS UNDER 12 AFL WIDE BAY INVITATIONAL TRIAL MEDICAL FORM 2017

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

### MEDICAL FORM

1. My son/daughter has been immunised against (Please show year immunised if known):  
\_\_\_\_\_

2. Date of last anti-tetanus injection: \_\_\_\_\_

3. My son/daughter is known to be allergic to: \_\_\_\_\_

4. My son/daughter suffers from Asthma: yes / no

Medication available: \_\_\_\_\_

5. My son/daughter is currently taking medication: yes / no

If yes, please give details: \_\_\_\_\_

6. Is your son/daughter suffering from an injury or condition that is likely to be aggravated by the competition?

yes / no. If so, please give details: \_\_\_\_\_

\_\_\_\_\_

7. Any relevant medical history: \_\_\_\_\_

\_\_\_\_\_

8. Medical Insurance Details: \_\_\_\_\_

(a) Is your son/daughter issued with his/her own Medicare Card? yes / no

(b) If "NO" please state Medicare Card Holder's name (This is the first name on the card)

(c) State your son/daughter's or family Medicare Membership Number:  
\_\_\_\_\_

(d) Detail any additional health benefits: eg Private Hospital, Ancillary, Dental etc:  
\_\_\_\_\_

(e) Additional Health Insurance Company and Membership Number: \_\_\_\_\_

(f) Does your son/daughter have a Personal Accident Insurance cover against accident/injury for competitions and associated activities (training, travel etc)? yes / no

If so, detail the type of cover: \_\_\_\_\_

A supervisor with a current First Aid Certificate will be in attendance at each match and/or sports medicine personnel where possible. Please be aware that this is a competitive sport and there is an inherent risk of physical injuries occurring. Parents are advised that the Department of Education and Training does not have Student Accident Insurance cover for students. Injuries may occur without any negligence on the part of the school and in such circumstances the responsibility for the injury and any associated costs will rest with you, not the school. Please take this into consideration in deciding whether or not to allow your child to participate in this school sport. You may choose to obtain private insurance coverage, and the school would appreciate details of any medical/accident insurance you have in place for your child.

I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of an accident or illness and guarantee to meet any costs incurred. I authorise the administering of anaesthetic if the medical officer attending deems this necessary.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_