

Extra-Curricular Program Annual General Consent Form

BRISBANE
STATE
HIGH
SCHOOL



Student's Name:	Year Level:
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I agree to delegate my authority to the teaching staff involved in trialling / auditioning / training / rehearsing and/or coordinating extra-curricular activities.

- Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well-being and suitable conduct of the students as a group, or individually, in this activity.
- I also authorise the teachers to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all the medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.
- I acknowledge that the Department of Education does not provide Personal Accident Insurance Cover for students.
- I acknowledge the BSHS P&C Association has arranged a Group Student Personal Insurance Scheme. *(Please refer to school's website for further information – <https://brisbaneshs.eq.edu.au/Ourcommunity/PandC/Pages/default.aspx>)*

GENERAL CONSENT:		
Parent/Guardian Name:		
Signature:		Date:
Contact Number:		

Please print, sign and return this form to the Brisbane State High School Extra-Curricular Office (D Block). Alternatively, please sign, scan and email this form to ecoffice@brisbaneshs.eq.edu.au.

Please Note: This form need only be completed once but it does not replace the need to register for individual activities once selection processes are completed.