

# Extra-Curricular Program General Consent Form

BRISBANE  
STATE  
HIGH  
SCHOOL



Student's Name: \_\_\_\_\_

## I agree to delegate my authority to the teaching staff involved.

- 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 give my consent for my son/daughter's full name to appear in a published Championship Program and realise that this will be accessible to the general public.
- I acknowledge that the Department of Education, Training and Employment does not provide Personal Accident Insurance Cover for students.
- I acknowledge that the school's P&C Association has arranged a Group Student Personal Insurance Scheme. (Please refer to the school's website for further information about this insurance – <https://brisbaneshs.eq.edu.au/group-student-personal-insurance-scheme>).

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

**Please print and return this signed form to the Brisbane State High School Sports Office.**