Jesmond Public School



Diversity Opportunity Success

Friday 28th April

PSSA Football Knockout Gala Day 2023

Event details

Sport:	PSSA Football Knockout Gala Day		
Date:	Friday 19 th May, 2023		
Start time:	8:30am		
Finish times:	2:30pm		
Venue:	Adamstown Oval		
Cost:	Free		
What to wear:	Full school uniform, football boots, shin pads and school hat		
What to bring: (including any personal protective items)	Water bottle and lunch		

Transport details

Transport arrangements:	Students will be transported to Adamstown Oval Park by Jesmond Public School staff	
Time of departure:	8:30am	
Time of return:	2:30pm	

Coordination teacher details

Return consent note	Miss Sophie O'Brien
and payment to:	
Further inquiries	Ms Rebecca Raschke
(please contact):	The residual

Please return the signed permission note to school by Friday 12th May 2023.

If this event is postponed for any reason details can be found on the Jesmond Public School Facebook page - https://www.facebook.com/JesmondPS

Organising Teacher Sophie O'Brien Principal Deborah Kelly



Concussion Clearance

The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport.

- If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 day period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event.
- Medical clearances can be attached to this consent form or can be submitted to team officials separately.

Important information

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region and state school sport Associations when deciding whether additional insurance cover is required prior to their child's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

Parents/Carers who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements, as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref. Further information regarding student accident insurance and private health cover is provided at: https://app.education.nsw.gov.au/sport/file/1449.

------ please return this part to school ------

Parent / Carer Consent

Student details (please print clearly)

irst name:	Surr	name:	GROW
Class:			
Student Code of Cond	uct (STUDENT TO COMPL	ETE WITH PARENT)	
(name)	agree to abide by all the rules of the events		
• .	s given to me. I realise that as serious consequences.	t good behaviour will enab	le me to take part in future
SIGNED:			
	Student		Date
Student medical detai	ls		
Medicare number:		Expiry date:	
-	-	the team manager should lised plans. (Copies of plans	_
Parent/Carer details			
irst name:	Surn	name:	
give permission for my	y child/ward		
of Class	to attend and parti	icipate in the:	
Event : PSSA Football I	Knockout Gala Day		

Permission to Publish student information

Date: 19/05/2023

The Department of Education may publish or disclose information about your child/ward for the purposes of event promotion and sharing results. This information may include your child/ward's name, age and school. It may also include information collected during this event such as photographs, live streaming, sound and visual recordings of your child/ward.

Venue: Adamstown Oval

The communications in which you child/ward's information may be published or disclosed include but are not limited to:

- the event program and results
- public websites of the Department of Education including the School Sport Unit website
- the Department of Education intranet (staff only), blogs, and wikis
- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically
- the Department of Education, School Sport Unit and school social media accounts on networks such as YouTube, Facebook and Twitter
- local and metropolitan newspapers and magazines and other media outlets.

Parents/Carers should be aware that when information is published on public websites and social media channels, it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

	☐ I give permission	□ I do not give permission
· · · · · · · · · · · · · · · · · · ·	•	formation about my child/ward in publicly accessible ective until I advise otherwise.
I understand that if event programs and SIGNED:	-	on to publish, my child/ward's name will not appear in
<u></u>	Parent/Carer	Date
 I have read the i event. 		ht I hereby consent to my child/ward participating in this equired to be held in accordance with any current NSW
_		the NSW Department of Education's policies and
_	and accept that there is a r participating at this event.	isk that my child/ward may be exposed to COVID-19 whils
 I confirm that m under public he 	=	splaying symptoms of illness, and/or if directed to isolate
 I acknowledge t the event. 	hat my child/ward will be	under the duty of care of the supervising teacher during
immediately exc	cluded from the team. Sho n notification of their exclu	usly contravenes behavioural expectation, they may be ould this eventuate, I accept full responsibility for my sion by the team manager including the cost return
	-	thorise the obtaining, on my behalf, of an ambulance and l/ward may require. I accept full responsibility of expenses
provided by the	NSW Department of Educ	e event of injury, no personal injury insurance cover is cation for students in relation to school sporting activities, hool activity. (Personal injury statement)
 I acknowledge t symptoms, in th officials. I furthe 	hat if my child/ward susta ne 14-day period prior to th	ins a concussion, or experiences any concussion e event commencing, I am required to report this to team d this occur, my child/ward will only be permitted to
	the best of my knowledge, participating in this sport a	my child has no medical condition or injury that places

Date

Parent/Carer