



BINGARA CENTRAL SCHOOL

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27 March 2024

Alan Tongue 10's Rugby League

Dear Parents/Carers,

Congratulations, your child has been selected to represent Bingara Central School at the Alan Tongue 10's Rugby League Competition. Students will be under the direct supervision of Mr McGowan for the duration of the day and arrangements are as follows:

Date: Thursday 4 April 2024

Departure Time: 8:30am (from school)

Return Time: 3:05pm

Location: Kamilaroi Oval, Inverell

Transport: Students will be transported by bus.

Cost: \$20

Students are to bring their own water bottle and recess/lunch for the day as canteen facilities have not yet been confirmed.

Students will be required to wear their full school sports uniform as they are representing Bingara Central School and take their playing gear (footy boots, mouth guard, headgear etc.) with them. Playing gear will be provided on the day for students to wear during competition.

Please return permission slip, enclosed with \$20, no later than Tuesday 2 April 2024.

If you have any questions, please do not hesitate to contact me at school on 67241606 or email Charles.mill6@det.nsw.edu.au

BM Wall

Charles Mill
Secondary Sports Coordinator

Brooke Wall
Principal



BINGARA CENTRAL SCHOOL - PERSONAL INJURY STATEMENT

Important Information – Alan Tongue 10's Rugby League

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/ward'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>.

CONCUSSION STATEMENT

Concussion Clearance

The Australian Medical Association recommends students being symptom-free of concussion for 14 days before returning to sport. Students who have suffered a concussion within 14 days of the event, must provide written clearance from a medical practitioner prior to participating.

- If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 days 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.

PARENT/CARER ACKNOWLEDGEMENT POINTS AND SIGN-OFF

I hereby consent to the attendance of my son/daughter _____ of class _____ in the **Alan Tongue 10's Rugby League in Inverell**.

- I can confirm that I understand that, 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. (Personal injury statement)
- I acknowledge that if my child/ward sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the event commencing, I am

required to report this to team officials. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the event, if a medical clearance is provided. (Concussion statement)

Ambulance / medical treatment

- I affirm that, to the best of my knowledge, my child/ward has no medical condition or injury that places him/her at risk by participating in this sport activity.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility for expenses incurred.

RESPONSE

Medical Conditions

My son / daughter has the following allergies/medical needs (please provide full details and include any relevant medical details).

Does your child suffer from asthma? Yes/No _____

If yes, please ensure you have provided your child's Ventolin and completed the necessary form to allow medication to be administered. If unsure, please contact the School Front Office on 6724 1060.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

I have read and consent to the above permissions.

SIGNED: _____

Parent/Carer

Date