



Permission Letter & Behaviour Agreement

***Please return this form along with the medical form to the school office as soon as possible.**

Student Name: _____

1. Parental Permission: I _____ hereby give permission for my son to participate in the school endorsed Rugby League training sessions, competitions and excursions.

2. Student Medical Information: I have submitted the following medical information about the above student and I have included details of limitations which he has for the activity concerned.

3. Medical Authority: I note that it is the parent's/guardians/carers responsibility to ensure that the participant is adequately covered for Medical, Hospital, Dental, Personal Accident and Injury Insurance; and that the School cannot accept financial liability for any of these expenses.

I understand that mouth protection is mandatory in this sport. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection I/my child will wear whilst playing this sport.

I agree to delegate my authority to the teacher in charge and hereby authorise the obtaining of such medical assistance as my son may require in the event of an accident or illness and guarantee to meet any costs incurred. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Parent/Guradian/Carer: _____

Signature: _____

By signing below you are acknowledging and agreeing to the Sarina State High School Rugby League behaviour standards and class commitments.

Student Signature: _____

Signature: _____

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