



RUNCORN STATE HIGH SCHOOL

a gateway school to the **manufacturing and engineering industry**

132 Hill Road
Runcorn Qld 4113

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February 2, 2015

INTERSCHOOL SPORTING TEAMS – SUMMER

Dear Parent/Guardian

Congratulations! Your son/daughter has been chosen in a Runcorn State High Inter-school Sporting Team for the winter season commencing 20 February 2015.

Runcorn High plays against Park Ridge SHS, Browns Plains SHS, Sunnybank SHS, Macgregor SHS, Calamvale Community College, and Stretton State College regularly on a Wednesday afternoon.

The students leave Runcorn High at 12.40 pm and should return to school by 2.50 pm.

Students need to be prepared for activities including bringing a hat, sunscreen, protective equipment, water and adherence to safety guidelines. Jewellery can be a serious hazard when undertaking many activities. **Note that jewellery and body piercings must not be worn during sport.**

An upfront payment of **\$30** will cover the cost of bus transport, maintaining uniforms and other special safety costs associated with Inter-school sport. Payments should be made to the **finance window in a named envelope. Notes should be returned to coaches before February 25.** If teams are successful in making Metropolitan Finals, there will be additional costs for transport.

Parents are reminded that in order to participate in interschool sport all school fees must be paid or a payment plan put in place. If there is any difficulty with payments please feel free to contact the Finance Department or HPE staff to make alternative arrangements.

On the back of this page is a list of four forms which will accompany this letter.

**Home
of the
Runcorn
"Blues"**



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Form 1 is the **Consent and Payment Form** at the end of this letter. It should be cut off and presented with payment.

Form 2 is a **Medical Form**. If your student plays a lot of sport for the school, this form will be needed many times. It could be wise to make copies of the completed form and alter it each time it is needed.

Form 3 is a **Code of Conduct Contract**. This must be read carefully by both students and parents. It would be better if discussed together.

Form 4 is a **9.0 Project Consent Form** to allow the use of copyright material, images, recordings or name associated with your student. This is a legal requirement of the Education Department. More information about this matter may be accessed from the RSHS website.

All forms must be completed and signed by the student and parent where applicable. **Failure by the student to return these forms to Coaches by Wednesday, February 25 will result in the student being removed from the team.**

Yours faithfully

Elena Itsikson
Principal

Amanda Solomon
HOD HPE and Sport

Ben Brown
Sport Coordinator

WEDNESDAY AFTERNOON INTERSCHOOL SPORT YR 8-12 - SUMMER, 2015

I give permission for my son/daughter _____,
selected to the _____ Team,

To take part in Runcorn State High School Inter School Sport during Summer, 2015.

Enclosed is the **\$30** payment to cover the costs outlined above. I understand and agree to the above conditions as outlined by the school.

(Parent/Guardian Signature)

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FORM 2 - INTERSCHOOL SPORT
CODE OF CONDUCT CONTRACT

All students -

1. must wear the team uniform supplied by the school correctly.
2. must follow instructions of teacher-in-charge / coach.
3. must provide all necessary **personal protective gear** if required by their chosen sport.
4. must make themselves aware of and abide by the Risk Assessment requirements of the sport. **This includes jewellery and body piercing.**
4. must, at all times, behave in a manner befitting a representative of the school.
5. must not engage in negative behaviour towards players on both teams, officials, spectators, coaches and staff.
6. must, if playing away, travel on the bus with their team for organisational purposes. Students must not drive to outside venues.
7. **must, if students require special medications, ie ventolin, bring a supply of the medications needed with them each week.**

Failure to comply with the above conditions will result in immediate removal from the team.

I _____
(First Name) (Surname) (PC)

agree to play in the interschool _____
(Name of team)

and will comply with the above conditions.

(Student's Signature) (Parent/Guardian Signature)



MEDICAL INFORMATION FORM

This is to be filled in by a Parent or Guardian of all students attending excursions organised by the school. The information contained is that generally required by medical practitioners. It is important that it be completed fully and accurately.

PERSONAL INFORMATION

Student's Name: _____ ID No: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____

Telephone: (H) _____ (W) _____ (Emergency) _____

Your Medicare Number: _____

Cardholder Name (if not in name of student): _____

Private Health Insurance Co & Membership No: _____

MEDICAL HISTORY

Has your child had a tetanus booster within the last 12 months? _____

Has your child any known allergies to food, drugs or ointments? If any, give details

Does your child suffer from any of the following?

Diabetes: Asthma: Epilepsy:

Other (give details): _____

MEDICINES

Please give details of any medicines being taken by your child including dosage, frequency etc.

Is your child currently being treated by a medical practitioner? If so, please list details and any current medications and dosage.

MEDICAL AUTHORISATION

- I acknowledge that Runcorn State High School (as an operational unit of the Queensland Government, Department of Education and Training) does not have personal accident insurance cover for students and as such, will not accept financial liability for any Medical, Hospital or Dental expenses if they should arise.
- Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management, including specific medications, their dosage and the administration of these to the student.
- I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of 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.

Date: _____

Parent/Guardian Signature: _____