

The Department of Education Curriculum Activity Risk Assessment (CARA) guidelines require parental/carer consent and a medical declaration for students to participate in high/extreme risk Track & Field events.

<b>High Risk</b>	<b>High Jump*</b> (Fosbury Flop technique) <b>Discus</b> <b>Javelin</b> (13-19 years)
* Note: Students only using the 'scissors technique' in high jump are not required to complete this form.	

**Parents/carers must complete the consent and medical declaration sections below (tick all relevant boxes). Students with an identified medical condition must also provide a medical clearance to participate.**

Failure to submit the consent and medical declaration/clearance will result in the student being unable to participate (or use the Fosbury Flop technique) in the specific field event.

**This form must be returned to .....(District Convenor) by ..... to participate in the 2024 Track and Field District trial / Regional trial / State Championship.**

Student Details	
Student's Name	
Date of Birth	
School	

Parent / Carer Consent	
I, _____ (name of parent) understand the listed field events are considered as high risk. I give consent for my child (details above) to participate in the following event/s.	
<i>(tick each box relevant to your child)</i>	
<input type="checkbox"/> <b>HIGH JUMP (Fosbury Flop technique)</b> <input type="checkbox"/> <b>DISCUS</b> <input type="checkbox"/> <b>JAVELIN</b>	
Signature of Parent: _____	Date: _____

Parent / Carer Medical Declaration	
I, _____ (name of parent) declare my child (details above) has <b>NO</b> identified medical condition/s that may impact their safety during participation in the following high/extreme risk field event/s.	
<i>(tick each box relevant to your child)</i>	
<input type="checkbox"/> <b>HIGH JUMP (Fosbury Flop technique)</b> <input type="checkbox"/> <b>DISCUS</b> <input type="checkbox"/> <b>JAVELIN</b>	
Signature of Parent: _____	Date: _____

**Only complete the following section if your child has an identified medical condition and has been given medical clearance to participate in a specific field event.**

I, _____ (name of parent) declare my child (details above) <b>DOES HAVE</b> an identified medical condition/s that may impact their safety during participation in high/extreme risk field event/s.	
I have provided a medical certificate declaring my child is clear to participate in the following event/s.	
<i>(tick each box relevant to your child)</i>	
<input type="checkbox"/> <b>HIGH JUMP (Fosbury Flop technique)</b> <input type="checkbox"/> <b>DISCUS</b> <input type="checkbox"/> <b>JAVELIN</b>	
Signature of Parent: _____	Date: _____