

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

High Risk	High Jump* (Fosbury Flop technique) Discus Javelin (13-19 years)
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* 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 2025 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. (tick each box relevant to your child)	
<input type="checkbox"/> HIGH JUMP (Fosbury Flop technique)	<input type="checkbox"/> DISCUS <input type="checkbox"/> JAVELIN
Signature of Parent: _____	Date: _____

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

(tick each box relevant to your child)

☐ HIGH JUMP (Fosbury Flop technique) ☐ DISCUS ☐ JAVELIN

Signature of Parent: _____ Date: _____