



# Metropolitan East School Sport

## Principal Consent Form



I hereby certify that the following students:

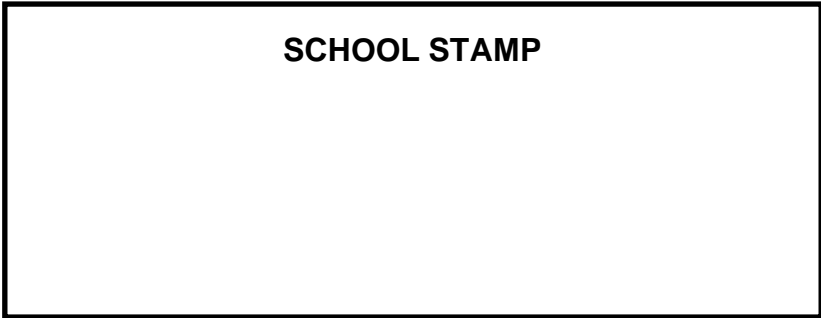
Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

who has been selected to compete in the \_\_\_\_\_ Championships to be held in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ is enrolled as full-time student of this school. I further declare that the student's record of attendance and conduct are such that I have no hesitation in recommending and approving the athlete's selection in the team. Date of Birth as listed corresponds with school records. I hereby consent to the student's participation in the team.

Principal's Signature: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_



PLEASE RETURN TO: \_\_\_\_\_

Metropolitan East School Sport as an operational unit of the Department of Education, Training and Employment is collecting the information on this form in accordance with the Information Privacy Act 2009 in order to share this medical history with medical professionals in the event of an accident or illness. The information will only be accessed by persons authorised by Metropolitan East School Sport including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.