



# JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

## JEHS Cross Country 2024

<b>WHEN</b>	Wednesday 8th May 2024		
<b>TIME</b>	8:25am to 2:40pm		
<b>WHERE</b>	Western Sydney Parklands		
<b>TRANSPORT</b>	Bus		
<b>COST</b>	\$10.00	<b>PAYMENT DUE</b>	Online permission and payments by Tuesday 7th May 2024
<b>DRESS CODE</b>	Full Sports Uniform		
<b>FOOD</b>	Students to bring their own food and water. The leadership team will be organising a BBQ on the day for students to purchase food and drinks.		
<b>EQUIPMENT</b>	Students are required to bring hat, sunscreen and water. Students are encouraged to bring picnic blankets and other sporting equipment for free time activities.		
<b>GENERAL INFORMATION</b>	Students are encouraged to participate and run/walk in their allocated event. There will be a range of non-competitive games that students can participate in on the day including soccer, volleyball, oztag and other sporting activities.		
<b>REFUNDS WILL NOT BE POSSIBLE FOR THIS EVENT</b>			

Principal  
25th March 2024

A. Teuma  
Teacher

Online permission and payments

## JEHS Cross Country 2024

Name: ..... Roll Class: .....

I give permission for the above named student to travel by **Bus** to **Western Sydney Parklands** to participate in the **JEHS Cross Country 2024** excursion on **Wednesday 8th May 2024**.

**I acknowledge that I have read the consent statements included overleaf.**

MEDICAL CONDITIONS (including allergies & asthma): .....

Parent/Carer Name: ..... Date: .....

Parent/Carer Signature: ..... Telephone: .....

<b>OFFICE USE ONLY</b>	Fee Value ID: Invoiced Amount: \$10.00 Online permission and payments by: Tuesday 7th May 2024
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## CONSENT STATEMENTS

### Personal Injury Statement

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child/ward's involvement in the sport program offered by the school, school sport zone, region and state school sport Associations when deciding whether additional insurance cover is required prior to their child/ward's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

Parents/Carers who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements, as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>.

### Concussion Clearance

The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport.

- If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 days period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event.
- Medical clearances can be attached to this consent form or can be submitted to team officials separately.

### Ambulance / Medical Treatment

- I affirm that, to the best of my knowledge, my child/ward has no medical condition or injury that places him/her at risk by participating in this sport activity.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward require. I accept full responsibility for expenses incurred.

### COVID-19 Statement

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.