Child/ren medical information: *To be completed by Parent\Guardian*

	Child 1	Child 2	Child 3
Please tick if your child/ren have any medical conditions and\or take any medication which the activity supervisor(s) need to be aware of?			
Please tick if there are any activities that your child/ren should not participate in or that should be modified for your child/ren due to medical or other reasons?			

If ticked above, please provide details for each child:

Consent\Authority to participate in the Active After-school Communities Program:

1. As the parent or legal guardian of the child/ren named above (**my child/ren**), I give my permission for my child/ren to participate in the Active After-school Communities program (**"Active After-school" program**) activities specified above, to be conducted by the School\OSHCS named above.
2. I agree to release the Australian Sports Commission (**ASC**) from any liability to my child/ren or myself in relation to any injury or illness that my child/ren may suffer, and for loss or damage to property, in connection with the activities, except to the extent that liability arises as a result of the negligence of the ASC.
3. I acknowledge and agree that the School\OSHCS collects personal information for the purposes of conducting the activities, and that the School\OSHCS may provide this personal information to the ASC for the purposes of the ASC administering, evaluating and reporting on the "Active After-school" program.
4. I give my permission to the supervisors of the activities appointed by the School\OSHCS to implement the School\OSHCS code of conduct and\or take other reasonable measures to ensure the successful conduct of the activities and safety and well-being of the activity participants.
5. In the event of any injury or illness to my child/ren, I authorise the supervisors to apply or arrange first aid and to arrange examination by a registered medical practitioner and, if contact with me is impracticable or impossible, to arrange whatever medical treatment the registered medical practitioner considers necessary at that time. I will pay all medical expenses incurred on behalf of my child/ren.
6. I have provided all information necessary for the supervisors to plan safe participation by my child/ren in the activities, including, if relevant, details of any activities that my child/ren should not participate in or that should be modified for my child/ren due to medical or other reasons.

Consent\Authority to participate in the Active After-school Communities Program Evaluation:

7. The ASC is undertaking an **evaluation** of the "Active After-school" program and will need to gather the views of those involved in the "Active After-school" program, including participating children and their parents\guardians. The ASC and its contracted researchers **may contact you in the future to invite you to participate in a telephone interview that could take about 15 minutes of your time.** The interview may ask you about the types of physical activity your child/ren takes part in, how your child/ren feels about physical activity, what kind of impact the "Active After-school" program has had on your child/ren, and/or how you feel about the "Active After-school" Program.
8. Involvement in the telephone survey is voluntary. Participants will be randomly selected. All responses will be kept confidential and any reporting will be generalised so that no one individual can be identified.

   If you tick the box below to indicate that you do grant permission, the details you provide on this form may be passed on to the ASC and its contracted researchers for the above research with parents/guardians.

   I **GRANT** permission ..... ☐
9. **Your child/ren, if aged 8 years or older, also may be invited to complete a questionnaire** while participating in the "Active After-school" program. This is a short questionnaire that asks him/her about what they like to do after school, how they feel about physical activity, and their opinion of the "Active After-school" program. The questionnaire is filled out right after an "Active After-school" session, for three weeks, and typically takes about 15 minutes each time.
10. Involvement in the child survey is voluntary. Participants will be randomly selected. All responses will be kept confidential and any reporting will be generalised so that no one individual can be identified.

    If you tick the box below to indicate that you do grant permission, the details you provide on this form may be passed on to the ASC and its contracted researchers for the above research with participating children.

    I **GRANT** permission ..... ☐

Parents and Caregivers please note - in the absence of negligence on its part, the NSW Department of Education and Communities does not pay any compensation to or medical expenses for students who are injured during any school activity. Parents may choose to take additional insurance cover, above that provided by Medicare. Private health insurance and personal accident insurance cover are available from health and general insurance providers.

I have read, understood and agree to the above terms and conditions.

Name _____

Signed _____

Date __ __ __ __ __ __ __ __