

PARENTAL CONSENT FORMS

Student Surname:

[Empty box for Student Surname]

Student First Name:

[Empty box for Student First Name]

MEDICAL PERMISSION IF CONTACT CANNOT BE MADE

In the event of illness or injury to my child whilst at school, on an excursion or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
Administer such first aid as the Principal or staff member may judge to be reasonably necessary.
Please Note: Student health and wellbeing is our number one priority.

It is therefore School Council policy that an ambulance will be called if first aid staff feel it is appropriate. The cost of an ambulance will be charged to parents. We therefore strongly recommend that all families subscribe to the Ambulance Fund.

PARENT/GUARDIAN SIGNATURE: .....DATED: \_\_\_/\_\_\_/\_\_\_

\* Please note this authority remains current until your child leaves Huntly Primary School or you contact the Principal to revoke the authority.

APPROVAL TO CHECK FOR HEAD LICE

- I GIVE PERMISSION / I DO NOT GIVE PERMISSION FOR MY CHILD to be checked by approved staff. (Please circle your choice)

PARENT/GUARDIAN SIGNATURE: .....DATED: \_\_\_/\_\_\_/\_\_\_

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PHOTOGRAPHS / ARTWORK / WRITING

During the normal course of the year we take photographs of children as part of school life, as part of special days for school events, publicity purposes and occasionally for staff presentations. Photographs/images of children/artwork/writing are often used for school displays, in newsletters, for school generated publicity, television and newspaper reports and the Huntly Primary School website. Please note - First name & initial of surname only will be published.

- I give permission / I do not give permission for my child to be represented in the above ways. (Please circle your choice)

PARENT/GUARDIAN SIGNATURE: .....DATED: \_\_\_/\_\_\_/\_\_\_

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APPROVAL - LOCAL EXCURSIONS/INCURSIONS

I agree to allow my child to take part in minor local excursions (walking from school to a local location for a classroom activity or travelling by bus to a local venue) on the understanding that these may occur at short notice and at the Principal's discretion.

- I give permission / I do not give permission for my child to participate in local excursions. (Please circle your choice)

PARENT/GUARDIAN SIGNATURE: .....DATED: \_\_\_/\_\_\_/\_\_\_

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APPROVAL - INTERNET USE

From time to time as part of normal classroom work, children will be accessing the internet as directed by teaching staff. Sites accessed are those only deemed suitable by the Department of Education and Early Childhood Development.

- I give permission / I do not give permission for my child to access the Internet. (Please circle your choice)

PARENT/GUARDIAN SIGNATURE: .....DATED: \_\_\_/\_\_\_/\_\_\_

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Thank you for taking the time to complete this part of the Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this Consent form is correct.

Signature of Parent/Guardian: .....Date: \_\_\_/\_\_\_/\_\_\_