

STUDENT NAME:

PERMISSION for Photographs – Electronic Media

PLEASE TICK EACH BOX YOU AGREE FOR YOUR CHILD TO PARTICIPATE IN

I give permission for photographs and first name of my child to be used as follows:-

- Classroom publications and displays
- School publications and displays (including Newsletter)
- External displays for promotion
- Newspaper and DEECD publications
- To be included in the class photos on school photo day.

I give permission for my child to participate in Electronic Media involving film and sound

- Within the classroom
- Within the school
- To be on a class DVD that may go home to other families
- School Promotion
- School Web page / Internet
- The meTV school television show within the school
- The meTV school television show that is broadcast online each day

Signature of Parent/Guardian/Carer:.....Date:.....

PERMISSION for Minor Excursions

All students have the opportunity from time to time to participate in short visits and trips of an educational nature, such as trips to Lilydale Lake, Lilydale Library or local shops. Special trips involving overnight accommodation will require separate permission from parents/guardians.

CONSENT: I agree to my child participating in minor excursions as outlined above. I also authorise the teacher-in-charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatments as may be deemed necessary.

Signature of Parent/Guardian/Carer.....Date:.....

PERMISSION for Hydrotherapy/Swim Program

PLEASE COMPLETE ONE SECTION A) OR B) AND SIGN AND DATE WHERE INDICATED

A)

In order for your child to participate in swim programs, a school medical clearance form must be completed by your child’s doctor and returned to school. This will be in the enrolment package. (Cost is \$25.00 per term)

- My child has not swum at this school before and will need a medical form to be completed**
- My child is unable to participate in the swim program.

B)

- Yes my child has swam at this school before**

Please indicate below if there has been any change to your child’s medical condition that would affect their ability to participate in the swim program

- There **has not** been a change to my child’s medical condition that would affect his/her participation in the school’s swim program
- OR**
- There **has** been a change to my child’s medical condition that would affect his/her participation in the school’s swim program.
Please send me a new Medical Clearance form
- My child is unable to participate in the swim program.

Signature of Parent/Guardian/Carer.....Date:.....

PERMISSION for Application of Sunscreen

It is preferable for all students to wear sunscreen and if possible sunhats when outdoors during the warmer months. Each class has a bottle of sunscreen but, because of the risk of allergies, students are encouraged to supply their own.

CONSENT: I agree to sunscreen being applied to my child by school staff.

I will supply a bottle of sunscreen for my child’s use. YES NO

Signature of Parent/Guardian/Carer.....Date:.....

PERMISSION for use of Trampoline

This form is a yearly update, there is an initial form with information concerning the use of trampolines.

Trampolines provide students with opportunities for physical development in addition to being an appropriate leisure activity. The trampoline will be used by the students according to safety guidelines and they will be supervised by a staff member at all times.

IF YOU OR YOUR DOCTOR HAVE NOT SIGNED THE INITIAL FORM OR IF THERE HAVE BEEN ANY CHANGES TO YOUR CHILDS CONDITION PLEASE CONTACT THE OFFICE.

- Consent:-** I agree to my child using the trampoline.
- I do not want my child using the trampoline.

Signature of Parent/Guardian/Carer.....Date:.....