

STUDENT NAME:

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)

My child has not swum at this school before and will need a Medical Clearance form to be completed

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. N/A for Early Years Program unless specified.

My child will need a Medical Clearance Form from the Doctor

OR

My child is unable to participate in the swim program.

B)

My child has swum at this school before and has a completed Medical Clearance form from the Doctor.

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

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:.....