



Permissions - Year 2023

STUDENT NAME.....**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 a Medical Clearance form will need 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/GURADIAN/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/GURADIAN/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/GURADIAN/CARER**Date:**



Permissions - Year 2023

STUDENT NAME.....**DATE**.....

PERMISSION for Head Lice Inspections

The school is aware that Head lice inspections can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatization.

Before any inspections are conducted staff will ensure that all students involved are treated with care and given appropriate advice about the process.

The inspection of students will be conducted by Health Management Staff.

The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's class teacher and the principal.

The school will phone the parent or carer and also send a written notice home with the child providing parents with comprehensive advice about the use of safe treatment practices which do not place the child's health at risk.

Please note that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

CONSENT: – HEAD LICE INSPECTIONS

I give consent for my child to participate in the school's head lice inspection program.

SIGNATURE OF PARENT/GURADIAN/CARER**Date:**

PERMISSION for Personnel Care (Wash or Shower)

As a result of the various activities that may be undertaken at school the occasion may arise when the student could benefit from having a wash or a shower.

CONSENT: I agree to the above if required.

SIGNATURE OF PARENT/GURADIAN/CARER**Date:**

PERMISSION to participate in Christmas and Easter Celebrations

At different times of the year the students will participate in the above themes with various activities eg. artwork, cooking and songs.

CONSENT: I agree for my child to participate in Christmas and Easter Celebrations at school.

SIGNATURE OF PARENT/GURADIAN/CARER**Date:**