Maldon Primary School

PARENTAL CONSENT FORMS

Student Surname: ___________________________ 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:

- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.
- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.

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 believe 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 Maldon 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 for head lice 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 daily school life and during special school events. Photographs/images of children and/or their artwork/writing are often used in newsletters, for school displays, for school generated publicity, including television and newspaper reports, and on the Maldon Primary School website and Facebook page.

Please note – First name & initial of surname only will be published.

- I give permission / I do not give permission for my child and/or their work to be published in the above ways.

(Please circle your choice)

PARENT/GUARDIAN SIGNATURE: ___________________________________________ DATED: ___ / ___ / _____

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

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: ___ / ___ / _____

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

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 only those 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: ___ / ___ / _____

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

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 however 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: ___ / ___ / _____