



PARENTAL CONSENT FORM

Student surname:

Student 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: (cross out any unacceptable statement)

- 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 priority. It is therefore school policy that an ambulance will be called if first aid staff believe it is appropriate. The cost of an ambulance is the responsibility of the parent/carer. *We therefore strongly recommend that all families take out a membership with Ambulance Victoria.*

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: ___ / ___ / ____

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

LIBRARY PERMISSION

Children visit the library once a week and have the opportunity to borrow books to take home. The loan period is for two weeks. Any borrowed books that are lost will incur a replacement cost.

- **I give permission / I do not give permission** for my child to borrow library books to take home and understand that I will be responsible for paying a replacement cost for any books lost.
(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.*

PG MOVIE PERMISSION

From time to time teachers may wish to show a PG movie to their class. Due to the fact that the movie is rated PG, your child needs to have signed permission to watch it.

- **I give permission / I do not give permission** for my child to watch a PG movie as selected by their teacher.
(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 parental consent form as part of your child's enrolment.

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

Signature of Parent/Guardian:

Date: ___ / ___ / ____