



YINNAR PRIMARY SCHOOL

GENERAL CONSENT & PERMISSION FORM

STUDENTS NAME _____

ILLNESS OR INJURY AUTHORISATION

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 nominee, where the school is unable to contact me, or it is otherwise impracticable to contact me to:

- 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 nominee may judge to be reasonably necessary

YES

NO

PERMISSION TO GO ON LOCAL WALKS

I give permission for my child to go on supervised local walks.

YES

NO

ANALGESIC PERMISSION FORM

I give permission for my child to be given paracetamol (Panadol) medication if required.

YES

NO

CONSENT TO INSPECTION FOR HEAD LICE CHECK

Throughout the year, the school may hair checks in an effort to control the incidence of head lice amongst students. The management of head lice infestation works best when all are involved in our screening program. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding embarrassment. DET policy requires that where a child has head lice, that child must not return to school until appropriate treatment has commenced.

YES

NO

PERMISSION TO PUBLISH STUDENT WORK and/or PHOTOS

I give consent to publish photographs, recordings and/or work of my child, using the images in any media format for the purpose of celebrating achievement and participation in our school program. This may include: school website, brochures, magazines, books, newsletters, pamphlets, posters, newspaper or television and other promotional items.

YES

NO

SCHOOL GROUNDS SUPERVISION

I understand the school grounds are supervised from 8.35am until 3.30 pm and that the school cannot accept responsibility for children in the grounds outside of these times without prior consent.

YES

NO

Please print your name _____

Please sign your name _____ Date _____