SANDRINGHAM EAST PRIMARY SCHOOL CONSENT FORM 2018

Child’s Name: _____________________________  Home Group: __________________________

ACCIDENT DECLARATION
In the event of illness or injury to my child whilst at school, on excursion (including walking excursions), or travelling to or from school, I authorise the teacher in charge, where it is impracticable to communicate with me, to consent to emergency medical arrangements and treatments on my behalf, as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and operations. I agree to pay all medical, hospital, ambulance and other expenses incurred on behalf of my child.

Parent/Guardian Signature: _____________________________  Dated: ________ / _______ / _______

WALKING EXCURSION PERMISSION
I give permission for my child to participate in all ‘on foot’ excursions conducted for my child within the local community.

Parent/Guardian Signature: _____________________________  Dated: ________ / _______ / _______

SCHOOL NEWSLETTER PERMISSION
I hereby give permission for my child to be included in school newsletters published by Sandringham East Primary School.

Parent/Guardian Signature: _____________________________  Dated: ________ / _______ / _______

MEDIA PERMISSION
I hereby give permission for my child to be included in media publications specific to the website of Sandringham East Primary School, other Educational Publications, Newspapers and Newspaper related websites and television networks.

Parent/Guardian Signature: _____________________________  Dated: ________ / _______ / _______

HEAD LICE CHECK CONSENT
I consent to my child’s hair being checked for head lice by authorised parent volunteers who have been approved by the School Principal and have a current WWCC.

Parent/Guardian Signature: _____________________________  Dated: ________ / _______ / _______

KITCHEN GARDEN PROGRAM
I consent to my child participating in the Sandringham East Primary School Kitchen Garden Program.

Parent/Guardian Signature: _____________________________  Dated: ________ / _______ / _______

COMPASS PORTAL
At Sandringham East Primary School, all families are required to access the COMPASS portal. COMPASS enables you to access relevant information pertaining to your child, such as school excursion permissions, school payments, student semester reports, booking parent teacher interviews, absences etc. The COMPASS portal smart phone APP is also used for instant notifications & reminders; therefore, we ask that you enable notifications from COMPASS on your mobile device.

If you have not yet accessed the COMPASS portal, and require assistance, please contact the school office.

YES, I have accessed the Compass portal ☐ (please tick to acknowledge access is complete).

Parent/Guardian Signature: _____________________________  Dated: ________ / _______ / _______

HEALTH MANAGEMENT PLAN
If your child has a medical concern that requires a management plan, please contact the office for appropriate forms that need to be completed by you. (Asthma, Diabetes, Allergies etc.)
CLASS LISTS
To help with the organisation of class functions, social and school events we would like to provide each family with their child’s class list.
I give my permission for the following information to be published on a list for distribution to other families in my child’s level.
Child’s Name: ____________________________  Home Group: ____________________________
Mother’s Name: ____________________________  Signature: ____________________________
(please write your name clearly)
Email: ____________________________  Mobile: ____________________________
Father’s Name: ____________________________  Signature: ____________________________
(please write your name clearly)
Email: ____________________________  Mobile: ____________________________