

SANDRINGHAM EAST PRIMARY SCHOOL CONSENT FORM 2017

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:** ____ / ____ / ____

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:** _____

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.)