STUDENT PERMISSION FORM - 2016

STUDENT'S NAME: ________________________________  CLASS TEACHER: ________________________________

Local Excursion
I give consent for my child to take part in local excursions that form a part of the schools’ curriculum. These could include science field trips, environmental studies and physical education activities in the area around the school or other school based activities.

Yes □  No □

I understand that specific consent will be required for activities that involve one or more of the following:

- The use of public transport
- Admission or other charges

Yes □  No □

Permission to be photographed
I consent to my child being photographed at Pimpala Primary School, individually, in a group or a team, for school. I understand that this is a general consent intended to aid learning at the school.

Yes □  No □

I consent to my child’s photograph being taken for publication in the school newsletter which will be available to view on the school website and on the school app.

Yes □  No □

I consent to my child’s photograph being taken for publication in out of school publications, eg. Messenger, Advertiser and Sunday Mail.

Yes □  No □

I agree not to publish any photographs or video footage taken at school or school events on social media. (Please note: at swimming or aquatics events no photographs or video footage can be taken other than by school staff).

Yes □

Borrowing of Library Books
I agree to be responsible for all books and other library material borrowed from the school by my child.

Yes □  No □

I agree to negotiate with the school regarding payment in connection with any books or other library materials not returned or damaged while on loan to my child.

Yes □  No □

Medical Emergencies
I consent to my child, in the event of any emergency, being taken to the Flinders Medical Centre / Noarlunga Hospital by ambulance, for treatment. Where possible and practical, parents will be notified prior to any decision being made.

Yes □  No □

Movies
I consent to my child watching PG rated movies screened as part of the curriculum and approved as appropriate by staff.

Yes □  No □

Head Lice
I consent for the school staff to arrange for an authorised person or staff member to check my child’s hair for head lice. I understand any such check will be conducted sensitively.

Yes □  No □

Pastoral Care Worker
I acknowledge my child may interact with the Pastoral Care Worker in school activities.

Yes □  No □

School Policies
I acknowledge and abide by all school policies. (School policies are available on the website and the school app).

Yes □  No □

PARENT / CAREGIVER’S SIGNATURE: ________________________________

DATE: _______ / _______ / _______