



PLEASE TICK BOXES TO INDICATE YOUR PERMISSION AND SIGN AT BOTTOM OF PAGE.

**PARENT CONSENT FORM 2016**

Name of Child: ..... Room No.: .....

**LOCAL EXCURSION**

I give  do not give  permission for the above named child to take part in any local excursions that are within walking distance of the school. These trips involve no transport and no expense.

**INDEMNITY FORM**

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

**FOOD STUDIES**

Does your child like and is he/she able to eat everything? Yes  No  Please list foods causing allergies or illness:

.....  
.....

I give  do not give  permission for the above named child to take part in cooking activities within the grade and to taste foods not detrimental to his/her health. Activities are supervised and with parent support.

**PUBLICITY PERMISSION**

I give permission for my child's work  photograph  name  voice   
**(Tick boxes if you give permission)**

to be used in any publications or broadcasts related to school activities, e.g. school webpage, school cds/dvds, camps, school activities, newsletter, local radio, local newspapers and Department of Education publications.

**HEAD LICE INSPECTIONS**

The management of head lice infection works best when all children 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 stigmatisation.

The inspection of students' hair will be conducted by a trained person approved by the principal and school council. In cases where head lice are found, the school will make appropriate contact with the parents/carers.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/carers to nominate if and when the treatment has started.

I give  do not give  permission for the above named child to participate in the school's head lice inspection program.

Please notify the school in writing if you wish to change any of the information above.

Name of Parent / Carer: .....

Signature of Parent / Carer: ..... Date: .....

A parent/ carer consent form is required for each student in your family by **Friday 26<sup>th</sup> February 2016.**