CONSENT FORM 2014

CHILD’S NAME:____________________________________________________ YEAR LEVEL 2014______

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 Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impractical to contact me, to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner or to administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent / Guardian: ................................................................. Date.................................

LOCAL WALKING EXCURSION PERMISSION

I give permission for my child to participate in all “on-foot” excursions conducted for the class.

Signature of Parent / Guardian: ................................................................. Date.................................

SCHOOL MEDIA PERMISSION

I hereby give permission for my child to participate in any appropriate school media activities for Hampton Primary School. This permission includes the right to be photographed in a school activity by the school, press or television networks. They could be published in any, or all of the following: school newsletter, school’s website, educational publications, Ultranet, newspapers or newspaper related websites.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school in writing.

Signature of Parent / Guardian: ................................................................. Date.................................

HEAD LICE CHECK CONSENT

I consent to my child’s hair being checked for head lice by a trained nurse and/or authorised staff member.

Signature of Parent / Guardian: ................................................................. Date.................................

RELIGIOUS EDUCATION

Where accredited and approved instructors are available, do you wish your child to receive Religious Instruction according to:

The agreed syllabus “Religion in Life” YES/NO

“Religion in Life” is the only program where teachers are available for Hampton PS

Signature of Parent / Guardian: ................................................................. Date.................................

1. If no reply is received within 14 days, your child will receive Religious Instruction in accordance with the agreed Syllabus.
2. You may withdraw your child at any time by notifying the Principal in writing.