2016 Consent Form

CHILD’S NAME: ........................................................................RM........................................

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PARENT / CARE GIVER NAME: .................................................................

Schools often need to seek parental permission to cover a wide range of activities and situations. We hope that by placing most of the potential situations on one sheet it will save time and paper. Please read, sign, date and return as soon as possible.

MATERIALS & SERVICES CHARGES

I understand that I must either pay the Materials & Services Charges or apply for School Card at the commencement of the school year. I understand that I can negotiate with the school Finance Officer to pay over a period of time.

Signed: ........................................Date:.............................

PERMISSION TO ACT IN THE EVENT OF A MEDICAL EMERGENCY

In the event of a medical emergency, I give permission for the school to take the appropriate action (including calling an ambulance if necessary).

Signed: ........................................Date:.............................

PERMISSION TO BORROW LIBRARY BOOKS

I give permission for my child to borrow books from the library and I will accept responsibility for any book damaged or lost by my child.

Signed: ........................................Date:.............................

PERMISSION TO BE PHOTOGRAPHED

I give permission for my child to be photographed (by still or video camera) whilst attending Sturt Street Community School, either individually or in groups, and the photograph is taken for school purposes (e.g. school assembly, camps, excursion, class activities, intranet), whether by school staff or a commercial photographer selected by the school. I understand that this general consent does not commit me to accept, with a view to purchase any photograph that may be subsequently taken of my child.

Signed: ........................................Date:.............................

Parents will be contacted when media requests for photographs / film footage are made. A separate media release / consent will be forwarded in each case.

PERMISSION TO USE IMAGE / STUDENT WORK

I consent to school work and photographs containing pictures of my child, without surnames being used for educational or promotional purposes on the school’s website, which is managed and provided by the school and the Department of Education and Child Development.

Signed: ........................................Date:.............................

SCHOOL SUPERVISION

I understand that students are supervised from 8.30am and that I will supervise my child before this time or enrol them in Before School Care.
I understand that students are supervised until 3.25pm and my child will be booked into After School Care if not collected by this time.

Signed: ........................................Date:.............................
**SCHOOL BEHAVIOUR MANAGEMENT**

The school has a Behaviour Management Policy in place where the main feature is to use the practice of “time-out” to allow the student to reflect on their own behaviour, which has been unacceptable or inappropriate, to help them change that behaviour.

I understand the school has a Behaviour Management Policy and I accept responsibility to support the steps involved. (A copy of the process is available from the website or Front Offices.)

Signed: ..................................Date:..............................

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**PERMISSION TO INSPECT FOR HEAD LICE**

The South Australian Health Commission recommends that everyone checks their hair regularly for head lice. Checking and treating children's hair is BY LAW A PARENT'S RESPONSIBILITY.

I give permission for the school staff to arrange for a health professional or staff member to check my child's hair for eggs and head lice. The School may lawfully request you to collect your child from school if live lice are present.

Signed: ...............................Date:..............................

I do not give permission for the school staff to check my child's hair for head lice. I will do this. I understand that my child can be excluded from school if live lice are detected. I understand it is my responsibility to arrange collection of my child from school when notified.

Signed: ..................................Date:..............................

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**UNIFORM AND HAT POLICY**

The school has a uniform policy requiring students to wear clothing as accepted by the Governing Council and listed on our Clothing Policy (details available from the office). Hats are compulsory (wide brim / Legionaires) in Terms 1,3 & 4. In Term 2 in line with Cancer Council recommendations, there will be no requirement for students to wear hats as the UV level is determined to be under 3. I agree to support the school's uniform policy and Sunsmart policy.

Signed: ..................................Date:..............................