



PERMISSION NOTICE

STUDENT'S NAME.....

MEDICAL AUTHORITY

In the event of illness or injury to my child whilst at school, on an excursion, 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 impracticable to contact me to: (cross out any unacceptable statement)

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

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

HEAD LICE CONSENT

I consent to my child's hair being checked for head lice by Frankston City Council (or authorised school staff).

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

WALKING EXCURSION PERMISSION AUTHORITY

I give permission for my child to attend excursions organised by Overport Primary School. I understand that this authorisation covers only excursions that are within walking distance of the school grounds, do not involve any type of transport and do not involve adventure type activities such as swimming.

All walking excursions will take place only after approval is granted by the Principal of the school and must be held between the hours of 9.00am and 3.20pm.

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.

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

PERMISSION FOR PHOTOGRAPHS TO BE USED

I give permission for my child's photograph to be used by the school for marketing/publicity reasons including the internet, publishing on the ultranet and the newsletter on the school website.

I understand that my child's full name will not be published on the Internet.

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

SCHOOL NEWSLETTER VIA THE WEBSITE

The school newsletter is available via our website every week. Please tick the appropriate box regarding how you wish to receive the newsletter.

- I wish to access the newsletter via the school website every week
- I wish to continue receiving a hardcopy of the school newsletter every week

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

P.T.O.

PERMISSION TO WATCH PG RATED FILMS

At times during the year, teachers may wish to show PG rated films that relate to classroom topics therefore your overall permission is sought.

I give permission for my child to watch PG rated films under the supervision of a teacher.

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

<p>I certify that the information contained within this form is correct.</p> <p>Signature of Parent/Guardian..... Date.....</p>
