

## NOTICES FOR APPROVAL FORM

CHILD'S NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

All sections MUST be completed if you agree to the conditions as written. If you do not wish to provide permission for any item below, please state that you DO NOT PROVIDE CONSENT where signature is requested. The completed form should be returned to the Main Administration Office.

### **1. Medical Details:**

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to and from school, where the Principal or teacher in charge is unable to contact me or it is impractical to contact me, I authorise the Principal or teacher in charge of my child to:

- 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.

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **2. Local Excursions:**

I give permission for my child to take part in short local walking excursions. I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **3. Use of Student Photographs:**

I give permission for St Albans Primary School to use my child's photograph, including video footage and sound recordings for the purpose of marketing and the production on of media, and also inclusion in the school newsletter. I acknowledge that all recordings and photographs will remain the property of St Albans Primary School, and will be used exclusively for purpose of marketing and the production of media (DVD, Video, Audio CD and Digital Photo CD) and available exclusively to the school community and for viewing by students and staff for classroom purposes.

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **4. Head Lice Inspections:**

I hereby give consent for the above named child to participate in the Schools Head Lice program for the remainder of the year.

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **5. School / Community Bus:**

I give permission for my child to travel on the St Albans Primary School commuter or a community bus to participate in activities such as excursions, camps and performances.

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for any of the above items.