

# MOORABBIN PRIMARY SCHOOL

## CONSENT FORM 2017

CHILD'S FULL NAME: \_\_\_\_\_ HOME GROUP: \_\_\_\_\_

### 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 teacher in charge, where it is impracticable to communicate with me, to consent to emergency medical arrangements and treatments on my behalf, as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and operations. I agree to pay all medical, hospital, ambulance and other expenses incurred on behalf of my child.

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

### WALKING EXCURSION PERMISSION

I give permission for my child to participate in all "on foot" excursions conducted within the local community.

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

### MEDIA PERMISSION

I hereby give permission for my child to be included in publications specific to the website of Moorabbin Primary School, other Educational Publications, Newspapers and Newspaper related websites and television networks.

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

### SCHOOL NEWSLETTER PERMISSION

I hereby give permission for my child to be included in the school newsletter published by Moorabbin Primary School.

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

### HEADLICE CHECK CONSENT

I consent to my child's hair being checked for head lice by person's authorised by the School Principal.

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

### CLASS LISTS

To help with the organisation of class functions, social and school events we would like to provide each family with their child's class list. I give my permission for the following information to be published on a list for distribution to other families in my child's year level.

Child's name \_\_\_\_\_ Home Group \_\_\_\_\_

Mother's name \_\_\_\_\_ Signature \_\_\_\_\_

Email \_\_\_\_\_

Father's name \_\_\_\_\_ Signature \_\_\_\_\_

Email \_\_\_\_\_