Permission for Students at SKiPPS

Dear Parent and Guardians,

Please complete the following permission requirements for our school. This form will be placed in a folder in the office as authorisation for the following consents to be given whilst your child/ren attend St Kilda Park Primary School. Please notify the school immediately if at any time these circumstances change.

If you wish to discuss any of the following please contact the school to discuss your options.

Name of Parent/Guardian: ___________________________________________
(Please print name)

Name of Child: __________________________ in Grade: ____________

Name of Child: __________________________ in Grade: ____________

Name of Child: __________________________ in Grade: ____________

Name of Child: __________________________ in Grade: ____________

Permission for Class List for Parents’ Association and Social Networking

I give permission for my name and my child (ren)’s name(s) and the following contact telephone number and email address to be included on a school distribution list that is accessible by all members of the SKiPPS School Community. □ YES □ NO

Contact No. ______________________________________________________

Email Address: ______________________________________________________

I understand that I will use this information appropriately and respect the values that St Kilda Park Primary School is based on. I will not use bulk distribution lists for disseminating advertising or non related school emails or for the purposes of discussing concerns I may have with the school’s policies and procedures.

***Please turn the page to sign and complete this form...........................................⇒
The Photographic / Video / Audio Recording

For various types of schoolwork and information and communication mediums such as: website, newsletter, class newsletter, media, music/video clip etc.

Our school website address is: http://www.skipps.vic.edu.au

Permission will be sought for all other websites.

I, the parent / legal guardian of the student named below agree to and provide permission for the student’s work, to be published on the Ultranet/Internet, with the full knowledge and understanding that the student’s work can be accessed by a worldwide audience.

I authorise the publication of the photographic / video / audio recording referred to above for educational purposes and to be used and reproduced at the discretion of the Department of Education and Early Childhood Development. I understand that I can withdraw my permission at any time but I must do so in writing and forward it to the school.

Signature: ____________________________ Date: ____________
(Signature of Parent/Guardian)

I, the student, also give my permission for the publication of my school work as set out above and declare that I own the photographic / video / audio recording.

Student Signature: ____________________________ Date: ____________
(Signature of Student)

Head Lice

I agree for my child/ren to be inspected for head lice as the need arises by designated staff at the school and outside healthcare employees.

☐ YES ☐ NO

Consent to Medical Attention

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge 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 teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian ____________________________ Date: ____________