PARENT/GUARDIAN PERMISSION

VALID FOR THE PERIOD THE CHILD ATTENDS THIS SCHOOL

CONSENT TO MEDICAL ATTENTION

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:

- 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: ____________

LOCAL EXCURSION

I give permission for my child to be involved in any local excursion (walking) from Kensington Primary School. I authorise the teacher in charge of the excursion / tour to consent, where it is impracticable to communicate with me, to the child receiving such medical treatment as may be deemed necessary.

Excursions further afield, information and permission notes will be sent home to parents.

Signature(s) of Parents/Guardians: ______________________ Date: ____________

PHOTOGRAPH PERMISSION

At Kensington Primary School we are very proud of our programs and activities and are keen to share what happens at our school with the wider community. At times throughout the year we have representatives from the media (mainly newspapers) taking photographs etc. in various aspects of the school’s programs.

It is a requirement that parent/guardian permission is given before children’s photographs can be taken for media requirements, displays, website, promotional events and/or published. Please indicate your willingness to allow your child to have his/her photograph taken for this purpose, if it should arise whilst a student at this school, by signing the permission section below. Only students first names, and not surnames, would be released for publication.

I give permission for my child to have his/her photograph taken and possibly published in relation to Kensington Primary School activities whilst he/she is a student at this school.

Signature(s) of Parents/Guardians: ______________________ Date: ____________

HEADLICE CHECKS

Head lice management is a complex issue for schools. While parents/guardians have primary responsibility for the detection and treatment of head lice, schools also have a role in the management of head lice infections by providing support for parents/guardians and students. In accordance with Public Health and Wellbeing Regulations 2009, students will not be allowed to attend school until head lice has been treated.

Permission is requested allowing your child to have their head inspected by trained staff authorised by the Principal. Only students who have signed consent will be inspected. However all students will be visually checked for the presence of head lice or lice eggs.

I give permission for my child to have a head lice inspection if required by staff delegated by the principal.

Signature(s) of Parents/Guardians: ______________________ Date: ____________