



# ROBE PRIMARY SCHOOL

GENERAL CONSENT FORM - 2023

CHILD'S NAME: .....CLASS:.....

PARENT / GUARDIAN NAME: .....

Please tick **yes** or **no** at each section and then sign and date the bottom of the page overleaf.

## PERMISSION TO ACT IN THE EVENT OF A MEDICAL EMERGENCY

In the event of a medical emergency, I hereby give permission for the staff of Robe Primary School to seek medical or other emergency specialist attention (including calling an ambulance if necessary). If families do not have ambulance cover they may apply to the DfE for reimbursement of costs incurred. In the event that I cannot be contacted during an emergency situation, I agree to accept responsibility for all risks involved and expenses incurred as a result of action taken by the school.

yes  no

## RECEIVE NEWSLETTER BY EMAIL

I wish to receive the newsletter by email.

Email address .....

yes  no

## PERMISSION TO BORROW LIBRARY BOOKS

I **GIVE** permission for my child to borrow books from the school library and I accept responsibility for any book damaged or lost by my child. (a fee may apply)

yes  no

## PERMISSION TO VIEW VIDEOS (via web), DVD's

I **CONSENT** to my child viewing videos (via web)/DVD's which are rated – (F) Family, (G) General and (PG) Parental Guidance. I understand that PG videos/DVD's would be previewed by a staff member to check suitability for class use.

yes  no

## SCHOOL YARD SUPERVISION

I **UNDERSTAND** that the school yard is supervised from 8:30am until 3:30pm and that the school cannot accept responsibility for children in the yard outside of these times.

yes  no

## PERMISSION TO PARTICIPATE IN LOCAL EXCURSIONS

I **CONSENT** to my child taking part in local excursions during the school year for educational purposes, when no costs are incurred, for example: walk to the library or shops with staff and/or volunteers, travel with staff in their private cars, travel with staff and/or approved volunteers to local events e.g. Beach Litter Survey, revegetation programs, special programs, specific venue visits related to the curriculum.

Parents will be notified in advance of the local excursion where possible. This may include travelling in private cars, covered by third party insurance, with known and screened parents/staff.

yes  no



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### PERMISSION TO INSPECT FOR HEAD LICE

The South Australian Health Commission recommends that everyone checks their hair every week for head lice. Checking and treating children's hair is **BY LAW A PARENT'S RESPONSIBILITY**.

**I GIVE** permission for the school staff to arrange for a health professional or staff member to check my child's hair for eggs and head lice. I understand any such check will be conducted sensitively.

- \* I understand that my child can be excluded from school if staff believe he or she may have lice.
- \* I understand it is my responsibility to arrange collection of my child from school when notified.
- \* I understand that I may have to provide a letter from a general practitioner to say my child is free of head lice.

yes  no

### SCHOOL BEHAVIOUR MANAGEMENT

The School has an agreed Behaviour Management Policy. It involves steps which may lead to parents being contacted by the school staff

**I UNDERSTAND** the school has a Behaviour Management Policy and accept responsibility to support the steps involved. (A copy of the policy is in the Parent Handbook or available from the school office.)

yes  no

### PERMISSION TO BE PHOTOGRAPHED (AND USE OF PHOTOGRAPH)

**I GIVE** permission for my child to be photographed (by traditional, digital or video camera) whilst attending Robe Primary School, either individually or in groups, whether the photograph be taken for school purposes (e.g. school assembly, camps, excursion, class activities, school website, school publications, intranet, internet or DfE internet) or by a commercial photographer selected by the school and/or publication in the local print media. I understand that this general consent does not commit me to accept, with a view to purchase any photograph that may be subsequently taken of my child.

yes  no

Parent/Caregiver Signature \_\_\_\_\_

Date: \_\_\_\_\_

