

Multi Consent Form

Schools often need to seek parental permission to cover a wide range of activities and situations. We hope that by placing most of the potential situations on one sheet it will save time and paper. Please read, sign and date and return to the class teacher. Thank you.

CHILD'S NAME..... CLASS TEACHER.....DATE

PERMISSION TO ACT IN THE EVENT OF A MEDICAL EMERGENCY

In the event of a medical emergency, I hereby give permission for the school to take the appropriate action.

Signed.....

PERMISSION TO BORROW LIBRARY BOOKS

I give permission for my child to borrow books from the library and I accept responsibility for any book damaged or lost by my child.

Signed.....

SCHOOL YARD SUPERVISION

I understand that the school yard is supervised from 8.30am until 3.30pm and students should not be left unattended in the yard outside of these times.

Signed.....

PERMISSION TO PARTICIPATE IN LOCAL EXCURSIONS

I consent to my child taking part in local excursions during the school year, e.g. walks to the Norwood Library, Richards Park. Parents will be notified in advance of the local excursion where possible.

Signed.....

PERMISSION FOR HEAD LICE CHECKS

The South Australian Health Commission recommends that everyone checks their hair every week for headlice. Checking and treating children's hair is **BY LAW A PARENT'S RESPONSIBILITY**. Sometimes schools offer to arrange head checks if there is a community outbreak of headlice.

Please tick the appropriate boxes.

- I understand and accept that if my child is found to be infested they will be withdrawn from close contact with other children until collection for treatment by parents or caregivers. I understand that I will need to collect my child promptly if headlice are evident as a result of this check.

PLEASE TICK ONE OF THE BOXES BELOW:

- I give permission for a staff member to check my child's hair for headlice. I understand any such check will be conducted sensitively
- I do not give permission for the school to check my child's hair for headlice. I will do this. I understand that my child can be excluded from school where infestation is suspected. I understand it is my responsibility to arrange collection of my child from school when notified. I understand that approval for re-entry may require provision of advice from a doctor that my child is free from headlice.

Signed.....