



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- I understand and accept that if my child is found to be infested they will be withdrawn from close contact with other children until collection for treatment by parents or caregivers.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.....

Consent Form – Child/Student

Permission to use image, video, voice, and/or creative work of students and children

The Department for Education and Child Development (DECD) develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites and social media accounts). Students also publish their own materials on websites (eg school website, DECD website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for DECD to create/use:

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name and DECD school/preschool/service name

and to distribute them in the following locations:

- printed publications (eg newsletters, year book, promotional material)
- secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the service.

Any material placed on publically accessible websites under a CC-BY-NC licence will be available to download and use. This licence is perpetual (forever), free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.

Notes

- Items might not appear in exactly the form in which they have been submitted and not every item for which permission is granted will be used.
- Items which contain images/references to Aboriginal and Torres Strait Islander people may be accompanied by warning text to indicate that the work may include people who have passed away.
- Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

Signatures

Additional optional permissions (tick if yes)

- I also grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast.

Name of child/student: _____
(Full name - please print)

Name of school/service: _____

Parent/guardian's signatures: _____
(Parent/guardian to sign) (Parent/guardian to sign)

Full name of parent(s)/guardian(s): _____
(please print) (please print)

Date: _____

Please provide signatures of both parents and/or guardians where possible.

This form must be filed in a central location at the school