CHILD'S NAME: .......................................................... ROOM NO: ..........................

PARENT / CARE GIVER NAME: ..................................................................................

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, date and return to the office on Books Day. Thank you.

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 (including calling an ambulance if necessary).
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: .................................

RECEIVE NEWSLETTER BY EMAIL
I wish to receive the fortnightly newsletter by email.
Email address ..........................................................
Signed ...........................................................

PERMISSION TO VIEW VIDEOTAPES, DVD’s
I CONSENT to my child viewing videotapes/DVD’s which are rated – (F) Family, (G) General and (PG Parental Guidance). I understand that PG videotapes/DVD’s would be previewed by a staff member to check suitability for class use.
Signed: .................................

SCHOOL YARD SUPERVISION
I UNDERSTAND that the school yard is supervised from 8.30am until 3.45pm and that the school can not accept responsibility for children 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 for educational purposes, when no costs are incurred (eg bus trip to the Art Gallery). 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.
Signed: .................................

UNIFORM AND HAT POLICY
The school has a compulsory uniform policy requiring students to wear clothing as accepted by the Governing Council and listed on our school uniform code (details available from the office). Hats are compulsory (wide brim) in Term 1 and from the beginning of Term 4 each year.
Signed: .................................
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.

Signed: ........................................

**OR**

I DO NOT give permission for the school staff to check my child’s hair for head lice. I will do this. 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.

Signed: ........................................

SCHOOL BEHAVIOUR MANAGEMENT
The School has an agreed Conduct Code. This features restorative justice practices and develops student accountability for behavioural choices made. It involves steps which may lead the student to contact home if required.

I UNDERSTAND the school has a Conduct Code and accept responsibility to support the steps involved.

(A copy of the policy is available from the school office.)

Signed: ........................................

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 Naracoorte South Primary School, either individually or in groups, whether the photograph be taken for school purposes (eg school assembly, camps, excursion, class activities, school website, intranet, internet or DECS 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.

Signed: ........................................

PERMISSION FOR LOTTERIES/RAFFLES
I DO give permission for the school to send home books of raffle tickets, to be sold for various school fundraising activities. I am aware that a child under 15 years of age cannot sell lottery/raffle tickets unless accompanied by and under the supervision of an adult. I am also aware that tickets cannot be sold door to door on any day before 9am or after 8pm or sunset (whichever last occurs).

Signed: ........................................

**OR**

I DO NOT give permission for the school to send home books of raffle tickets, to be sold for various school fundraising activities.

Signed: ........................................

CHRISTIAN PASTORAL SUPPORT WORKER CONSENT
I GIVE consent for my child to seek and obtain individual personal assistance from the Christian Pastoral Care Support Worker.

Signed: ........................................

**OR**

I DO NOT give consent for my child to seek and obtain individual personal assistance from the Christian Pastoral Care Support Worker.

Signed: ........................................