## NARACOORTE SOUTH PRIMARY SCHOOL GENERAL CONSENT FORM

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 and return to the office. Thank you.	
PERMISSION TO ACT IN THE EVENT OF A MEDICAL EM. In the event of a medical emergency, I hereby give permission for the (including calling an ambulance if necessary).  Signe	
RECEIVE NEWSLETTER BY EMAIL  I wish to receive the fortnightly newsletter by email.	
Email address	d
<b>PERMISSION TO VIEW MEDIA CONTENT &amp;DVDs I CONSENT</b> to my child viewing DVD's which are rated – (F) Fan Guidance). I understand that PG DVD's would be previewed by a sclass use.  Signe	
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 & HAT POLICY The school has a compulsory uniform policy requiring students to w Governing Council and listed on our Parent Handbook. Wide-brims compulsory in Term 1 & 4 or when the UV rating is over 3.  The school may at times provide loan uniform items to ensure your	med or bucket school hats are
Signed	1:

Please Turn Over

## PERMISSION TO INSPECT FOR HEAD LICE

The South Australian Health Commission recommends that everyone checks their hair regularly 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:	
SCHOOL BEHAVIOUR MANAGEMENT  The school has a agreed Code of Conduct. 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 Code of Conduct and accept responsibility to support the steps involved. (A copy of the policy is available from the office and on page 8 of the Parent Handbook)  Signed	
PERMISSION FOR 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	
<b>I DO NOT</b> give permission for the school to send home books of raffle tickets, to be sold for various school fundraising activities.	

In Lieu of selling raffle tickets I will donate \$..... (enclosed) towards the fundraising target.

Signed: .....