



**STUDENT PERMISSION BOOKLET FOR 2018  
JERVOIS PRIMARY SCHOOL**

**FAMILY NAME:** .....

Dear Parents/Caregivers

This booklet contains all permission requirements for your child/ren to successfully and enjoyably engage in the general aspects of their schooling.

**It is important to read each section, give consent where applicable and sign in the area provided.**

**Information which may be of use:**

- \* *Short Walks – examples include trips to the Sporting Club, Oval, Bowling Club*
- \* *Your child’s photo may appear in a newspaper article (The Standard), on a School Policy or presentation*
- \* *Your child may be videoed by the school during his/her classes’ school concert item*
- \* *Students who do not have permission for their photo to go on the internet, will not be included in any photos on the website or Facebook page*
- \* *DECD may use students’ photos or artwork for relevant DECD publications, presentations or on its website*
- \* *Historical Data provides information for events such as the school’s milestone birthdays*

**Please contact the school if you have any questions regarding any of the sections included.**

**Please circle your preference in each section. Your signature is also required. Please notify the school of any changes as they occur.**

## CONTACT DETAILS

Please record your contact details as well as those you wish to list as Emergency Contact People (**list in order of preference**).

Name and relationship to child	Home Phone	Work Phone	Mobile
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>See attached print-out for details we have currently recorded.                      If there are ANY changes, please alter accordingly and return attached to this form.                      Thanks!</p> </div>			

Email address: \_\_\_\_\_

**SCHOOL NEWSLETTERS/CORRESPONDENCE** (delete which is NOT applicable)  
We are a sustainable school, so would prefer our families consider using electronic communication wherever possible, rather than printed copies

I will download the **School Stream** app onto my smartphone and prefer communication this way

- Or** I require newsletters & other correspondence **emailed** to the above address  
**Or** I need a **printed** copy of newsletters/correspondence sent home

## MEDICAL CONDITIONS

Does/do your child/ren have any medical conditions? **Include allergies and Asthma.** **YES / NO**  
 For these conditions, and any other conditions which involve medication, the school is required to have an up-to-date Health Care Plan which is to be renewed by your doctor **EACH year.** *We will provide you with a Plan to take to your doctor for completion.*

Student Name	Condition	Medication

## ABSENTEES

I understand that should my child/ren be absent, I will contact the school as soon as possible by School Stream, phone call, email, written diary note or verbally (details must be provided by an Adult carer).

Signed: ..... Date: .....

## WALKS AND EXCURSIONS

I **consent/do not consent** to my child/ren taking part in local walking excursions from school for school activities. I understand that specific consent will be required for activities which involve one or more of the following: The use of public transport or bus, private vehicle transport, prolonged absence or Admission/other charges into venues/activities

Signed: ..... Date: .....

## PERMISSION TO BE PHOTOGRAPHED/VIDEOED

I **consent/do not consent** to my child/ren being photographed/videoed at Jervois Primary School, individually, in a group, or a team, whether it be taken for school purposes or as part of the activities undertaken by the commercial photographer selected by the school, ie Murray Valley Standard. I understand that this is a general consent intended to aid organisation at the school and that it does not commit me to accepting, with a view to purchase, any photographs and/or video that may be taken of my child/ren.

I **consent/do not consent** to my child/ren's photograph being placed on the **Internet.** (No last names or personal details will be published with any photograph).

Signed: ..... Date: .....

## PROMOTIONAL MATERIAL USE

I **consent/do not consent** to photos/other images/video footage/student work of my child/ren being used by the Department of Education and Child Development for a variety of Public Relations, communications and promotional activities, including publications, promotional material, websites and advertisements, for an undefined period of time. I understand that there is to be no payment for my child/ren's appearance or for the use of photos/other images/video footage or student work.

Signed: .....

Date: .....

## BORROWING OF LIBRARY RESOURCES

I understand I am responsible for all books and other literary material borrowed from Jervois Primary School by my child/ren. I agree to negotiate with the school regarding payment in connection with any books or other library materials damaged while on loan to my child/ren, or not returned by her/him.

Signed: .....

Date: .....

## MEDICAL EMERGENCIES

In the event of an emergency, I understand my child/ren will be treated/transferred by ambulance for emergency treatment if required, whether they are covered for Ambulance Service or not.

Signed: .....

Date: .....

My family is covered for Ambulance Service  No  YES Policy #: .....

## DVD, VIDEO AND TELEVISION PROGRAMS

Occasionally, throughout the school year, we present television programs/movies in class which complement our curriculum and which may be rated G or PG. In order for your child(ren) to participate in viewing these, we ask that you please sign this consent allowing them to do so.

I **consent/do not consent** to my child/ren watching DVDs, Videos and Television Programs which have a G or PG rating.

Signed: .....

Date: .....

## HEADLICE

I **consent/do not consent** to Jervois Primary School staff checking my child/ren's hair if head lice are suspected to be present. I understand that if head lice are detected, then my child/ren will be collected and treated before returning to school. *(Parents who do not consent to their child/ren's hair being checked will be contacted by the school to come in and check their child/ren's hair if and when headlice are suspected to be present.)*

Signed: .....

Date: .....

## HISTORICAL DATA COLLECTION

I **consent/do not consent** to my child/ren's name and date of admission to be used to compile a Roll for each school year. I understand this information will be used only for the recording of Historical Data.

Signed: .....

Date: .....

## INFORMATION TECHNOLOGY

I understand that my child/ren will have access to school ICT's only when the Cyber-safety User agreement is signed and returned. (The User Agreement will be in effect throughout their Jervois Primary Schooling).

Signed: .....

Date: .....