



**STUDENT PERMISSION BOOKLET FOR 2019
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*
- * *Dept. for Education (DfE) may use students’ photos or artwork for relevant DfE 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

Email address/es: _____

SCHOOL NEWSLETTERS/CORRESPONDENCE

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

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? **Including allergies/Asthma.** **YES / NO**

For these conditions, and any other conditions which involve medication, the school is required to have an up-to-date Medication Agreement which is to be renewed by your doctor or Pharmacist **EACH year**. *Agreements are available from school or download from the DfE website: www.education.sa.gov.au (search 'medication')..*

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, Seesaw, 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

A 'CONSENT FORM – CHILD/STUDENT' has been completed for each student at Jervois Primary School and is effective for the student's entire time at Jervois Primary School. The permission will continue until revoked in writing to the Principal of the school.

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: