

**BLANKET CONSENT FORM – FOR THE DURATION OF YOUR CHILDS PRIMARY EDUCATION AT TOORA PS**

Family Name:.....

Students:.....

**WALKING EXCURSIONS WITHIN THE LOCALITY OF THE SCHOOL**

I give my permission for my child / children .....to participate in any walking excursion conducted from the school, including Athletics and Cross Country training.

In the event of illness or injury to my child whilst at school, on a walking excursion, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.
- Consent to my child receiving medical assessment or inspection by an authorized medical practitioner or registered nurse in relation to infectious diseases as detailed in Schedule 6 (Health Diseases) 2001

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Primary Family)

**WEB PAGE, NEWSPAPERS & EDUCATION PUBLICATIONS**

The purpose of our school website is to promote the quality education that takes place at our school and to allow parents and the community another avenue through which to connect to our student's learning.

As the school website is posted on the World Wide Web we seek your permission to include your child's **work** and/or **photographs** on our site (surnames are not used).

I give permission for my child's work to appear on the <b>Toora PS website</b> <b><u>www.tooraps.vic.edu.au</u></b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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I give permission for a picture of my child involved in school activities to appear on the <b>Toora PS website and the Toora PS Facebook page</b> . (names are not listed with photos)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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I give permission for a picture of my child involved in school activities to appear in the <b>Local Papers Foster/Yarram/Leongatha</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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I give permission for my child's school work and/or photograph to be included in publications promoting education and Toora Primary School, for example, the Department of Education and Early Childhood Development magazine called Inspire.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Primary Family)

**HEAD LICE CHECK**

I give my permission for my child / children .....to participate in regular Head Lice inspections at school, conducted by trained and qualified staff.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Primary Family)

