



PORT NOARLUNGA PRIMARY SCHOOL STUDENT GENERAL CONSENT FORM

Schools often need to seek parental permission to cover a wide range of activities and situations. Please read, tick the preferred option, sign and date and return to the front office ASAP. Thank you.

PERMISSION TO GO ON LOCAL WALKS

I give permission for my child to go on supervised local walks within a 3 – 5km radius (eg. to the adventure playground, Colonnades, Noarlunga Centre etc). I understand that I will be given notice in writing when this is to occur. ☐ **Yes** ☐ **No**

PERMISSION TO ACCESS MEDICAL ASSISTANCE

I give permission for school staff to seek medical attention if my child is unwell or injured and the school is unable to contact me or my preferred emergency contacts. I acknowledge that I have filled in the required information on the student enrolment form and provided all health and medical details. ☐ **Yes** ☐ **No**

SCHOOL UNIFORM

I agree to my child wearing the school uniform as outlined in the school uniform policy of which the colours which are navy and gold. ☐ **Yes** ☐ **No**

COMPUTER AND INTERNET USE

I give permission for my child to use the school computers, peripheral equipment and the Internet for educational purposes. I understand that consequences may apply for misuse/abuse of the equipment and internet. ☐ **Yes** ☐ **No**

PASTORAL CARE WORKER

I give consent for my student to seek and obtain individual personal assistance and support from Vivonne Amoy, our Pastoral Care Worker. I understand that teachers retain over-riding duty of care for students. I understand that Vivonne is required to confidentially inform teaching staff of all matters related to duty of care and student learning, health and wellbeing. I am also aware that Vivonne is a mandated notifier in relation to child protection. ☐ **Yes** ☐ **No**

HEADLICE INSPECTION CONSENT

The South Australian Health Commission recommends that everyone checks their hair every week for headlice. Checking and treating children's hair is **BY LAW A PARENT'S RESPONSIBILITY**.

Sometimes schools offer to arrange head checks if there is a community outbreak of head lice.

PLEASE TICK YOUR PREFERRED OPTION BELOW

☐ I give permission for a staff member to check my child's hair for head lice. I understand any such check will be conducted sensitively. I understand and accept that if my child is found to be infested they will be withdrawn from close contact with other children until collected for treatment by parents or caregivers. I understand that I will need to collect my child promptly if head lice are evident as a result of this check and that they will be re-checked upon return to school.

OR

☐ I do not give permission for a staff member to check my child's hair for head lice. I understand that I will be contacted to come to the school if need be to collect my child should he/she be suspected of having head lice. I understand that my child **can be excluded from school** where infestation is suspected. I understand it is my responsibility to arrange collection of my child from school when notified.

Child's Name: _____ **Date:** ____/____/____

Parent / Caregiver's Name: _____ **Signature:** _____