

Phone: 03 5565 1382

☐ I do NOT give permission

renewed by me.

Skoolbag app, The Warrnambool Standard.

PARENT/GUARDIAN SIGNATURE _

PERMISSION FORMS

Please take care to complete all sections of these permission notes as they will be <u>active for the duration of your child's attendance</u> at Allansford and District Primary school and will be filed with your child's details.

at Allansford and District Primary school and will be filed with your child's details.
 If at any stage you wish to <u>alter the permission</u> for any or all of the items below please request a new form from the office. A separate form is required for each student
CHILD'S NAME
LOCAL EXCURSIONS
☐ I give permission
☐ I do NOT give permission
for my child to attend local excursions around Allansford and Warrnambool districts during the duration of his/her attendance at
this school.
In the event of illness or injury to my child whilst on the excursion I authorise the teacher in charge, if unable to contact me, to:
 Call an ambulance if necessary Consent to my child receiving such <u>medical</u> or surgical attention as may be deemed necessary by a medical practitioner. Such consent includes anaesthetic, blood transfusions and surgical operations. administer such <u>first aid</u> as they may judge to be reasonably necessary.
PARENT/GUARDIAN SIGNATURE
HEADLICE CHECKS
☐ I give permission
□ I do NOT give permission
for my child to participle in the school's head lice inspection program. Our checks are conducted by a volunteer nurse whenever we have outbreaks and parents will be informed about suitable treatments.
PARENT/GUARDIAN SIGNATURE
INCLUSION IN PUBLICATIONS (Includes online publications)
CHILD'S NAME
give permission

for my child's photograph, first name and details to be published in any school communication or external media publications authorised by Allansford and District Primary School staff. This will include such publications as: the school newsletter, school magazine, school website, the

I understand this form will remain active for the duration of my child's attendance at Allansford and District Primary School unless otherwise



MEDICAL CONSENT FORM

HILD'S NAME							
n the event of illness or injury to my uthorise the Principal or teacher-in-cl ontact me, or it is otherwise impractic	narge of my o	child,	where the Principal or to	eacher-in-cha	rge is unable		
 consent to my child receive medical practitioner, administer such first aid as 	_		-				
LLERGY / asthma			an member may juage to	,	,		
My child has an ALLERGY to:	an ALLERGY to:			(complete an Allergy form)			
1 My child has an ANAPHYLLACTIC re	action to						
Ask your doctor complete an Action Pla	ın) 🗆 I	will p	provide an EpiPen				
My child suffers from ASTHMA (comp	oloto an Asthr	ma foi	rm and provide an update	from your do	stor oach voar		
my chita suriers from ASTHMA (comp	nete an Astin	iia ioi	ili aliu provide ali upuate	mom your doc	Ltor each year		
THER MEDICAL CONDITIONS							
☐ Yes (complete other sections)							
Does the student have any other medical condition	other medical condition? (tick) No (continue to signature)						
Specify condition							
Major Symptoms							
Inform Doctor] No	Inform Emergency Contact	□ Yes	□No		
Administer Medication	□ Yes □] No	Other Medical Action	□ Yes	□No		
			If yes, please specify:				
Medication if necessary	□ Yes □	□ No					
Dosage~							
AmountFrequency							
gnature of Parent/Guardian:			/ /				
Print Parent Name							

This form will remain valid from the date of signature until the child transfers to an alternative school or leaves at the conclusion if year 6.