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Dear Parents/Guardians,

As a part of our start of year process we need to make sure that our records are up to date. It is important that we keep our data base up to date in case of emergencies.

The forms included in this pack are:

*Publication Permission*

*Movie Permission*

*Local Excursions Permission*

*Head Lice check permission*

*Computer usage & Internet agreement*

*Medical Conditions* (other than the Asthma Care Plan for schools which is available at the office)

Thank you for your support in completing these forms,

*Aldercourt Primary School*

*Administration Team*

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**2018**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PUBLICATION OF STUDENT’S WORK/PICTURES:**

During the course of the year children’s work or personal and/or photographs may be published in local or state newspapers, in the D.E.T. Victorian School News, appear on television. Parents have the right to withdraw permission for this to take place. If you agree to have your child’s work or photograph published now, but the circumstances change during the year, please notify your child’s class teacher immediately

**PARENTS PERMISSION FOR THE PUBLICATION OF STUDENT WORK/PICTURES MEDIA**

I understand that from time-to-time the school may wish to publish examples of student projects, photographs of students, and other work via the digital communication or printed media. This may include the school website, facebook account or newsletter. At all times your child’s surname **would not** be added onto this media source.

My child’s work and photographs of my child **can be** published through the media.

I would prefer that my child’s work and picture **not be** published through the media.

**STUDENT’S WATCHING PG RATED MOVIES**

Currently schools have permission to watch ‘G’ rated movies. Movies such as Shrek 2, Harry Potter etc. are PG.

|  |  |
| --- | --- |
| **PG RATED MOVIES**  I give permission for my child to watch PG rated movies  (Please tick ***✓***)   * Yes I approve | **PG RATED MOVIES**  I do not give permission for my child to watch PG rated movies  (Please tick ***✓***)   * No I do not approve |

**LOCAL EXCURSIONS**

My child has permission to participate in:

Local Excursions – which may include walking a small distance from the school grounds to complete class curriculum activities **YES / NO**

I authorise the teacher in charge of the above programs to consent where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

**HEAD LICE INSPECTIONS**

Often at the start of each term there is a minor outbreak of head lice. Parent permission is required for an inspection to take place.

I **agree** to allow a head lice inspection of my child should the need arise.

I **do not agree** to allow a head lice inspection of my child should the need arise.

Date ......./ …. /2019 ...............................................................................

Signature of Parent or Guardian



**COMPUTER USAGE &**

**INTERNET AGREEMENT 2018**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I am responsible for my own actions while using the Internet as a learning tool.

I understand that I must display a full understanding of this agreement and further lessons before being accepted to hold any sort of licence.

The Internet, like the real world, is a place where there are lots of places to go and visit and explore. Like the real world there are places that are suitable only for adults and many places that are more suited to children.

With this understanding, I agree to the following rules:

* Use common sense at all times
* Never give out personal information such as a phone number, access or password
* Represent myself honestly at all times
* Check with the teacher to see if I am permitted to access the internet
* Disengage from people who are nasty, argumentative or acting inappropriately
* Contact the teacher immediately if I have trouble getting out of a difficult situation
* The classroom teacher will keep this agreement for the current year.

I understand that:

* Serious breaches of the rules regarding internet usage will result in an indefinite loss of this privilege
* If I do not return this signed agreement I will not be permitted to use the Internet.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

As a parent/guardian of the above signed student I agree to the terms and conditions of this  
 agreement and grant permission to (student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ learning

on the internet.

Parent Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**OTHER MEDICAL CONDITIONS - 2018**

**\*\*\*\*This does not include Asthma as we have a special Asthma Plan form that can be collected from the office**

|  |
| --- |
| **Student Surname: Grade:** |
| **First Given name:** |
| **Preferred Name: (if applicable)** |
| **Sex: 🞎 Male 🞎 Female Date of Birth:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the student have any medical condition? (other than asthma)** (tick)  (more copies of the other medical condition/allergy forms are available on request from the school) | | | | | | | | 🞎 Yes | 🞎 No |
| If yes, please specify: |  | | | | | | | | |
| Symptoms: |  | | | | | | | | |
| **If my child displays any of the symptoms above please:** (tick) | | | | | | | | | |
| Inform Doctor | | 🞎 Yes | 🞎 No | Inform Emergency Contact | | | 🞎 Yes | | 🞎 No |
| Administer Medication | | 🞎 Yes | 🞎 No | Other Medical Action | | | 🞎 Yes | | 🞎 No |
|  | | | | If yes, please specify: | |  | | | |
| **Does the student take medication?** (tick) 🞎 Yes 🞎 No | | | | | | | | | |
| **If medication is to be administered, please complete a Medication Form (available from the office)** | | | | | | | | | |
| **Is the medication taken regularly by the student (preventive) or only in response to symptoms?** (tick) | | | | | 🞎 Preventative | | | 🞎 Response | |

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**