

Child's Name: _____

LOCAL SCHOOL EXCURSION PERMISSION

I hereby give permission for my child to participate in Local School Excursions for the duration of their schooling at Whittington Primary. A Local Excursion is an activity which involves my child leaving the school grounds to engage in educational activities (including sport), occurring during normal school hours under the direct supervision of a teacher. During these activities, all reasonable care will be taken and the activities will usually not involve bus travel or require specialised supervision. Whenever practicable, parents/guardians will be informed in advance of local excursion activities.

I understand that in the event that my child misbehaves or their behaviour poses a danger to themselves or others during the excursion, they may be sent home. I also understand that in such circumstances, I will be informed and accept that any costs associated with their return will be my responsibility.

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.
- Transport my child to obtain such medical assistance as considered necessary.

I accept responsibility for any costs involved. I understand that the Department of Education and Training does not provide student accident cover. It is my responsibility to obtain student accident insurance cover from a commercial insurer if I wish.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school in writing.

Signature of Parent/Guardian: **Dated**/...../20.....

HEAD LICE

Primary responsibility for the control of infectious diseases, including head lice, lies with individuals, families and public health experts. While parents have the main responsibility for the detection and treatment of head lice, schools can assist with controlling and preventing the spread of head lice in a consistent and coordinated manner.

Staff, authorised the Principal, may conduct visual checks without physical contact or head lice inspections involving physical examination of a students hair. When a student is identified with live head lice schools must:

- provide the student with a note to take home to inform their parent/carer that their child may have head lice. The student can return to school once treatment has commenced.
- exclude the student from school until after treatment has commenced, as set out in the Public Health and Wellbeing Regulations 2009, School Exclusion Table.
- alert the parents/carers of other students in the same class as the affected child of an infestation
- use discretion to avoid identifying individuals when informing the school community about an infestation

I hereby give consent for authorised staff to conduct both visual checks and physical examinations of my child's hair if required for the duration of their schooling at Whittington Primary.

Signature of Parent/Guardian: **Dated**/...../20.....

ACCEPTABLE USAGE AGREEMENT FOR DIGITAL TECHNOLOGES

Parents - I hereby give permission for my child to use technology supplied by the school for the purpose of supporting their learning, including the use of the internet, DET software and cloud services such as Google Apps. I understand that my child must use the equipment provided and comply with the terms of acceptable use and expected standards of behaviour set out within the Department of Education and Training 'Acceptable Use Agreement'. I understand that I may be liable for any damage or loss associated with the misuse of school technology by my child. I also give my permission for school staff to monitor and review any material accessed, sent, altered, printed or saved by my child to ensure their safety and the safety of others.

Students - I agree to use school technology in a safe, responsible and ethical manner to support and enrich my learning. I will not access media that falls outside of the schools policies or download unauthorised programs and games. I understand that I must maintain my privacy and protect the privacy of others when working online. I understand that there are actions and consequences if I do not use the technology or behave online appropriately. I will speak to school staff if I feel uncomfortable or unsafe online, or if I see others participating in unsafe, inappropriate or hurtful online behaviour. I will handle all devices with care and notify staff of any damage or attention required.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school in writing.

I have read and discussed this Acceptable Use Agreement with my child.

Signature of Parent/Guardian: Dated...../...../20.....

Thank you for taking the time to complete this Consent form.

Please inform the school of any changes in guardianship/custody, as these forms will need to be re-signed to reflect the changes.