



ROBE PRIMARY SCHOOL GENERAL CONSENT FORM 2024

CHILD'S NAME: _____ CLASS: _____

PARENT / GUARDIAN NAME: _____

I agree and acknowledge that by completing this Robe Primary School Consent Form, it will remain active for my child's ENTIRE enrolment unless I withdraw/change it by notifying the school in writing.

Please tick **yes** or **no** at each section and then sign and date the bottom of the page overleaf.

PERMISSION TO ACT IN THE EVENT OF A MEDICAL EMERGENCY

In the event of a medical emergency, I hereby give permission for the staff of Robe Primary School to seek medical or other emergency specialist attention, including calling an ambulance if necessary. If families do not have ambulance cover they may apply to the DfE for reimbursement of costs incurred.

yes no

RECEIVE NEWSLETTER BY EMAIL

I wish to receive the newsletter by email.

Email address _____

yes no

PERMISSION TO BORROW LIBRARY BOOKS

I **GIVE** permission for my child to borrow books from the school library and I accept responsibility for any book damaged or lost by my child and accept a replacement fee of \$15 will apply.

yes no

PERMISSION TO VIEW VIDEOS (internet) / DVD's

I **CONSENT** to my child viewing videos (internet) / DVD's which are rated – (F) Family, (G) General and (PG) Parental Guidance. I understand that PG videos/DVD's would be previewed by a staff member to check suitability for class use.

yes no

SCHOOL YARD SUPERVISION

I **UNDERSTAND** that the school yard is supervised from 8:30am until 3:30pm and that the school cannot accept responsibility for children in the yard outside of these times.

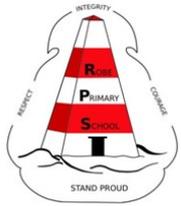
yes no

EXCURSIONS

Due to updated Department for Education policy, parents will be notified prior to **all** excursions, local or otherwise, to complete relevant consent paperwork.

yes no

PLEASE SEE OVERLEAF



PERMISSION TO INSPECT FOR HEAD LICE

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

I GIVE permission for the school staff to arrange for a health professional or staff member to check my child's hair for eggs and head lice. I understand any such check will be conducted sensitively.

- * I understand that my child can be excluded from school if staff believe he or she may have lice.
- * I understand it is my responsibility to arrange collection of my child from school when notified.
- * I understand my child can return to school after effective treatment has taken place.

yes no

SCHOOL BEHAVIOUR MANAGEMENT POLICY

The School has an agreed Behaviour Management Policy. It involves steps which may lead to parents being contacted by the school staff.

I UNDERSTAND the school has a Behaviour Management Policy and accept responsibility to support the steps involved. (A copy of the policy is available from the school office)

yes no

UNIFORM AND HAT POLICY

I accept that the School has a compulsory uniform policy requiring students to wear clothing as accepted by the school's Governing Council.

Hats are also compulsory (wide brim/legionnaire) in Term 1, 3 and 4.

Policy details available from front office.

yes no

PERMISSION TO BE PHOTOGRAPHED (AND USE OF PHOTOGRAPH)

I GIVE permission for my child to be photographed whilst attending Robe Primary School, either individually or in groups, whether the photograph be taken for school purposes (e.g. school assembly, camps, excursion, class activities, school website, school publications, intranet, internet or DfE internet) or by a commercial photographer selected by the school and/or publication in the local print media. I understand that this general consent does not commit me to accept, with a view to purchase any photograph that may be subsequently taken of my child.

yes no

Parent/Caregiver Signature _____

Date: _____

