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| **ACCIDENT CONSENT FORM** |
| In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement) * consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
* Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

 **HEAD LICE CHECK PERMISSION**I give permission for my child to be checked for Head Lice (if necessary) by staff at Winters Flat Primary School, for the duration of their attendance at the school. Yes No**CONSENT TO MEDIA & COMMUNICATIONS**I consent to the school photographing and filming my child (the student named below) and I acknowledge that – please tick either option.* the school may use images of my child in the ways described in this form, for one year from the date that I sign this form – (school website, Facebook, Newsletter, local newspaper), first names only are used if needed.

Yes No* I must notify the school principal if I wish to withdraw my consent, but I may not be able to withdraw my consent if the images have already been published and are in the public domain.

 I Agree I do not agree * I am happy for the school to use my mobile number and email contact to communicate with me.

 Yes NoThank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.I certify that the information contained within this form is correct.Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |