



K-6 GENERAL PERMISSION NOTE 2018

Student Name: _____ Year: _____

<u>PHOTOS/MEDIA</u> I give permission for photos or video of my child to be used in newspapers and television, the school newsletter, school promotion and the Annual Report.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>SCHOOL PERFORMANCES</u> I give permission for my child to attend school performances as organised by the school. More details will be made available during the year and parents may withdraw approval for particular shows.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>DRUG EDUCATION</u> I give permission for my child to participate in Drug Education lessons as set out in the PD/H/PE syllabus at the appropriate stage level.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>SPORT</u> I give permission for my child to walk to and from the tennis courts for sport, as organised by the Sports Coordinator, and under teacher supervision.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>WALKING EXCURSIONS</u> I give permission for my child to participate in walking excursions within the township as organised by his/her teacher and as approved by the Principal.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>PERSONAL DEVELOPMENT</u> I give permission for my child to participate in Personal Development lessons as set out in the PD/H/PE syllabus relating to the body and its development at the appropriate stage level.	<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby give permission for my child's Medicare number to be used if medical assistance is required.

MEDICARE NUMBER:

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Parent/Guardian's Signature: _____

Parent/Guardian's Name: _____

Date: _____