



YARRA ROAD PRIMARY SCHOOL

Permission Details

Students Full Name:

Local Walking Excursion

I give permission for my child to attend school excursions to be conducted within walking distance of the school.

In the event of illness or injury to my child whilst at school on an excursion, or travelling to or from school, I authorize the principal or teacher in charge, where it is otherwise impossible or impractical to contact me to:

1. Administer such First Aid as may be deemed necessary, and
2. Consent to my child receiving such medical, dental or surgical treatment as may be deemed necessary

Parent(s)/Guardian(s) Signature: _____

Head Lice Management Plan

- I do
 I do not

Give permission for my child to participate in the School Management Head Lice Program at Yarra Road Primary School.

Parent(s)/Guardian(s) Signature: _____

Media and Publication Permission

I give permission for my child to:

- Photographed / appear (first name only) in newspapers / general publications
- Have their photo, first name & surname initial eg: Michael S printed in our school newsletter.
- Appear named (first name & surname initial) in school brochures /class publications.
- Appear (photograph) first name & surname initial on the Internet (World Wide Web, WikiSpaces, Facebook, Podcasts, School Website, Emails etc) as approved by class teacher
- Appear named (first name only) on Free-to-air Television.
- Voice to be recorded for use in school or on local community radio (first name to be used only)

*Please rule a line through any statements above for which you do not give permission.
Please keep in mind that our School newsletter is published online.*

Internet and Email Usage

Internet and Email Permission:

After having read and discussed the contents of the Learning Technologies Acceptable Use Guidelines with my child, I give permission for my child to:

- Access the Internet for information within their classroom program.
- Publish work on the Internet using their first name only.
- Appear first name & surname initial, in photographs on the Internet.
- Send and receive emails to and from students at other primary schools.
- Send and receive emails to and from other people and organizations as approved by their classroom teacher.

Please rule a line through any statements above for which you do not give permission.

Parent(s)/Guardian(s) Signature: _____

I understand that this authorization for the named student will be valid for their entire duration at Yarra Road Primary School. I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform the Principal in writing.

Parent(s)/Guardian(s) Signature: _____

Date: ____/____/____

YARRA ROAD PRIMARY SCHOOL
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FAX: 9725 3485