CHRISTIES BEACH PRIMARY SCHOOL
GENERAL CONSENT FORM

Schools often need to seek parental permission to cover a wide range of activities and situations. Please read, sign and return this sheet to the school promptly.
Thank you.

CHILD’S NAME _____________________  TEACHER __________________  ROOM ______

Permission to act in the event of a medical emergency:
In the event of a medical emergency, I give permission for the school to take the appropriate action, such as taking my child to a doctor, calling an ambulance, etc.
YES / NO

Permission to borrow library books:
I give my child permission to borrow books from the school library and I accept responsibility for any books damaged or lost by my child.
YES / NO

Permission to be photographed or filmed:
I give my permission for my child to be photographed or filmed at school either individually or in a group, for educational purposes (eg; newsletters, school brochures, class activities, school displays, intranet).
( Please note – parental permission will be sort for any broader purpose ie local/state newspapers, DECS, television.
YES / NO

School yard supervision:
I understand that the school yard is supervised by teachers from 8.30am until 3.30pm on school days and that the school cannot accept responsibility for children outside of these times.
YES / NO

Punctuality:
I understand that school begins at 8.50am and that teachers expect all students to arrive at school prior to this time. Student supervision begins from 8.30a.m.
YES / NO

Behaviour management practices:
I agree that my child will need to co-operate with teachers and students whilst attending Christies Beach Primary School. I understand that I will be contacted by my child’s class teacher or by leadership staff if my child does not comply with the school’s behavioural expectations.
YES / NO

Consent to participate in local excursions/walks:
I consent to my child taking part in local excursions by foot for educational purposes such as fitness walks, walks to the beach, walks to the local theatre, etc.
YES / NO

The wearing of school colours:
I agree to my child wearing the school colours and adhering to the school dress code.
YES / NO

Permission to check for head lice:
I agree for my child to be checked for head lice. I understand that if head lice are found I will need to collect my child promptly for treatment.
YES / NO

Parents / Caregiver’s signature: ………………………………………….  Date: …………………..