

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: .....