LOCAL EXCURSION PERMISSION AND MEDICAL CONSENT

At times throughout the year, we like to take students on incidental excursions within the local area. These may include for example; down to the wetlands for a science discussion, to the post box located in front of the milk bar or to the pre-school next door. These are within the immediate vicinity of the school with no crossing of roads. We will notify parents in advance of excursions happening however, for convenience we believe it is easier to have one notice that covers your child at any time. If you agree to your child taking part in these local excursions, please complete and return the form below.

I, _____(Parent /Guardian Name) agree to my child taking part in any local excursions that are within walking distance of the school.

I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I understand that in the event of my son's/daughter's misbehaviour or behaviour that poses a danger to themselves or others during the excursion that I will be informed and their future consent revised.

I also understand that due to possible wet or hot weather, the excursion date of local visits may be changed slightly.

Student's Full Name: _____

Class: _____   **Date of Birth** _____/_____/_____

Emergency contact name:_____

Emergency contact number: _____

Parent's Name: _____

Signature: _____   **Date:** _____

This confidential form asks for personal information about your child. The main purpose for collecting this information is so that Coral Park Primary School can allocate staff and it assists us to properly care for your child. The school depends on you to provide all relevant health information. Withholding some information may put your child's health at risk. The school will use this information if your child is involved in a medical emergency. Parents must ensure the school is kept updated with any changes to medical conditions or requirements. Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education & Training is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to. All staff at Coral Park Primary School and the Department of Education and Training are required by law to protect the information provided on this form. All information is held in confidence. Emergency Contacts are people that Coral Park Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Coral Park Primary School.

ELECTRONIC RECORDING AND PUBLISHING of STUDENT PHOTOGRAPHS and MULTIMEDIA WORK

Dear Parents

At times during the year your child's/children's photograph / video / audio / published work may be used to showcase their achievements or for educational purposes.

Permission is being requested to publish, reproduce and communicate the above on:
- The school's secure intranet for students and teachers to access at school only.
- The school's website www.coralparkps.vic.edu.au.
- The school's newsletter.
- The school's Sentral website and portals.
- Local media such as newspapers.
- School publicity documents such as flyers, display boards and brochures.
- Class and school blogs.

STUDENT IDENTIFICATION AND PRIVACY
If published, reproduced and communicated I understand that for privacy purposes work will be identified using the title of the work, child's first name only, year level and school. No other personal information will be published although I accept that that their identity may nevertheless be apparent by association to a number of people.

INTELLECTUAL PROPERTY AND COPYRIGHT
I understand that my child/children hold the intellectual property rights to their work but grant Coral Park Primary School licence to use them at no cost. I grant permission to Coral Park Primary School to reproduce, distribute, communicate to the public, publish, publicly perform, publicly display, modify, adapt, translate, upload, download in any form or manner, and incorporate this material into other materials or works in any format or medium for any non commercial purpose and the right to sublicense those rights. I understand that this consent is for my child's years at Coral Park Primary School. I understand that I can withdraw my consent at any time but I must do so in writing to Coral Park Primary School.

✂..

CORAL PARK PRIMARY SCHOOL
ELECTRONIC RECORDING AND PUBLISHING

Name(s) of Child/Children: Class:

....

....

....

....

Parent's/Guardian's Full Name: I, ... give permission to Coral Park Primary School to publish, reproduce and communicate the above children's photograph / video / audio / published work within the boundaries stated above.

Signature of Parent/Guardian ....   Date............

CORAL PARK PRIMARY SCHOOL HEAD LICE CHECK FORM

Dear Parents

Although head lice is not a big problem at Coral Park if we have an outbreak or ongoing concern, we may check your child's hair for lice. Unfortunately, head lice is a recurring problem that all schools face however, we do our best to manage the problem.

The management of head lice infestation works best when all children are involved in our screening program. Students must return a consent form before their hair can be checked. Please note that the law requires that where a child has live lice, that child must be sent home from school and should not return until appropriate treatment has commenced.

If your child does have head lice, please inform the school so we can assist with managing the problem early.

✂_____

CORAL PARK PRIMARY SCHOOL HEAD LICE CHECK FORM

Parent's/Guardian's Full Name: _____

Name(s) of Child/Children: Class:

_____   _____

_____   _____

_____   _____

I hereby give consent for the above named children to participate in the school's head lice check program.
YES / NO

Signature of Parent/Guardian: _____

Date_____