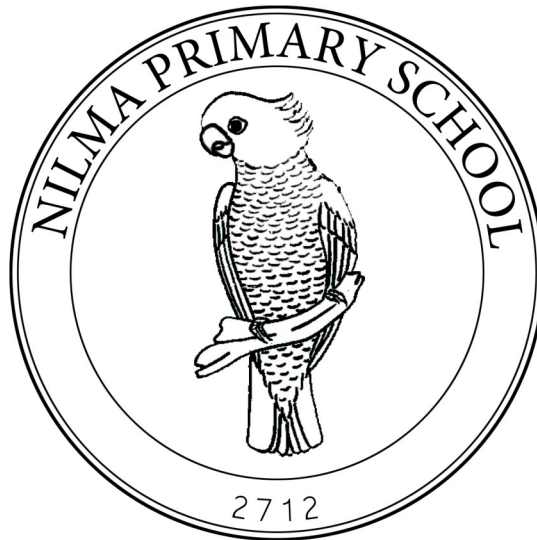




NILMA PRIMARY SCHOOL



Student Permission Booklet 2021

FAMILY NAME:

DATE:

OFFICE USE ONLY

GENERAL PERMISSION:	
INTERNET PROTOCOL:	
ACCEPTABLE USE OF DIGITAL TECHNOLOGIES	
PUBLICATION OF STUDENT WORK AND/OR PHOTOS	
HEADLICE	
ASTHMA MANAGEMENT PLAN(S):	
MEDICAL CONDITION MANAGEMENT PLAN:	
ALLERGY MANAGEMENT PLAN(S):	
SMS PARENT CONTACT:	
AUTHORISED PICK UP FORM:	
NATIONAL SCHOOL CHAPLAINCY PROGRAMME CONSENT FORM:	
SPORTING SCHOOLS CONSENT:	
PERMISSION TO WATCH VISUAL MEDIA:	



This booklet contains Permission/ Policy Forms for 2020:

- **General Permission- Excursion Consent (Local)**
- **Internet Use/Safety Protocol**
- **Acceptable Use of Digital Technologies**
- **Publication of Student Work and/or Photos**
- **Head Lice Inspection**
- **Asthma Management Plan (if need more than ONE forms please contact office)**
- **Medical Condition Management Plan (If need more than ONE form please contact office)**
- **Allergy Management Plan (If need more than ONE form please contact office)**
- **SMS Parent Contact**
- **Authorised Pick Up Form**
- **National School Chaplaincy Programme Consent**
- **Sporting Schools Consent**
- **Permission to Watch Visual Media**

Each of these forms should be read, discussed with your children where appropriate, completed and returned to school as soon as possible.

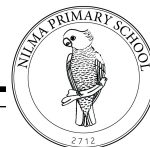
Please also let the school know of any changes in address, phone numbers, emergency contacts details or medications. Etc.

Regards,

Annette Sutherland

Principal

ADDRESS	
PHONE NUMBERS	
EMERGENCY CONTACTS	
OTHER	



GENERAL PERMISSION FORM

I give permission for my child to walk in the Nilma area on class excursions during the year.

- *Class excursions may include walking to a local farm or to the Nilma Township.*

*(Parents will be notified of local excursions before the event -
however we do not have to complete individual detailed CASES21 permission forms.)*

Consent to Medical Attention:

I authorise the teacher in charge of an excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary. I accept all responsibility for payment of any expenses thus incurred.

STUDENT'S NAME/S :	
PARENT/GUARDIAN NAME:	
PARENT /GUARDIAN SIGNED:	
DATE:	



INTERNET SAFE USE POLICY

Introduction

Nilma Primary School's computer facilities are provided to allow students and staff to access and use a variety of computer hardware, software and information sources, including the Internet and e-mail. These facilities are provided to further the Educational Goals of the school community, through access to unique resources and opportunities for collaborative work.

Access to computer facilities and the Internet is conditional on students and staff complying with the Access Guidelines, and Internet Protocol.

Use of Computers

Students will not:

- place food and drinks at or near the computers and associated hardware
- use the computers and associated hardware unless they have teacher permission
- alter the configuration of the computers (screen-savers, desktop, etc.)
- add or remove any software without permission from the Information Technology Coordinator
- add or remove any hardware (printers, microphones, scanners, speakers, etc.) without permission from the Information Technology Coordinator
- place USB sticks that have been used outside the school in the school's computers in order to decrease the risk of contracting viruses. These disks must be cleared by a teacher.

Use of the Internet

Students are permitted to either access or publish on the Internet after they and their parents have signed the Internet Protocol

Publishing on the Internet

- Responsibility for the spelling, presentation, accuracy and content of all web pages rests initially with the student publisher and secondly with their teacher.
- Prior to publication on the World Wide Web hardcopies of all web-pages will be kept by the classroom teacher.
- Only the Information Technology Coordinator will upload web pages onto the Internet

E-mail

The teacher will read all incoming external e-mail that is not from another primary school prior to distribution.

Misuse

Use of the computer facilities and the Internet is a privilege, not a right. Inappropriate use including not following the Access Guidelines and Internet Protocol may result in the cancellation of access for up to a year.

INTERNET PROTOCOL

This is Nilma Primary School's Internet Protocol for 2021. It takes into account privacy issues and correct use of the internet in government schools.

Please note that our internet service has a filtering device attached to block any unsuitable sites.

Please read and sign the protocol.

#.....

Parent or Guardian's & Student Declaration (sign below)

I have read and discussed the Internet/Student Protocol with my child/ren and I understand that internet access is designed for educational purposes at Nilma Primary School. We also recognise that although the school has monitoring procedures in place to restrict access to controversial and inappropriate materials, this is not always possible.

(Students in all year levels can sign below to indicate understanding of safe use of internet at school)

I _____ (parent) give permission for my child to:

- Access the Internet for information within their classroom program.
- Publish written work on the school website and Sentral using their first name only.
- Send and receive external e-mail from other primary school students.
- Send and receive external e-mail from other people and organisations as approved by their classroom teacher.

STUDENT 1 - NAME :	
STUDENT 1— SIGNATURE:	
STUDENT 2 - NAME :	
STUDENT 2— SIGNATURE:	
STUDENT 3- NAME :	
STUDENT 3— SIGNATURE:	
STUDENT 4 - NAME :	
STUDENT 4 - SIGNATURE :	
STUDENT 5 - NAME :	
STUDENT 5 - SIGNATURE :	
PARENT/GUARDIAN NAME:	
SIGNED BY PARENT:	
DATE :	



ACCEPTABLE USE AGREEMENT FOR DIGITAL TECHNOLOGIES

Nilma Primary School recognizes the need for students to be safe and responsible users of digital technologies. We believe that explicitly teaching students about safe and responsible online behaviors is essential and best taught in partnership with parents/guardians. We request that parents/guardians work with us and encourage this behavior at home.

At Nilma Primary School we:

- Support the rights of all members of the school community to engage in and promote a safe, inclusive and supportive learning environment.
- Have a Student Engagement Policy that clearly states that our school's values and the expected standards of student behavior, including actions and consequences for inappropriate behavior.
- Educate our students to be safe and responsible users of digital technologies.
- Raise our students' awareness of issues such as online privacy, intellectual property and copyright.
- Supervise students when using digital technologies for educational purposes.
- Provide a filtered internet service but acknowledge that full protection from inappropriate content can never be guaranteed.
- Respond to issues or incidents that have the potential to impact on the wellbeing of our students.
- Know that some online activities are illegal and as such we are required to report this to the police.
- Provide parents/guardians with a copy of this agreement.
- Support parents/guardians to understand the importance of safe and responsible use of digital technologies, the potential issues that surround their use and strategies that they can implement at home to support their child.

The introduction of digital technologies (including iPads, Notebooks, Cameras, Tablets and Laptops) has resulted in a surge of staff members, students and their families using these technologies to communicate, to conduct their work and for recreational and professional purposes. It is reasonable therefore, that our school embraces these new technologies and guides our students in the proper, safe and effective use of digital technologies.

Our school is introducing a digital technology program into our school so that all staff and students learn about the, learn how to use them safely, and learn how to use them effectively and safely.

A staff member will be assigned the responsibility of coordinating the Digital Technology program. The program coordinator will receive training on digital technology operation, the effective use of digital technology in classrooms, and the potential occupational health and safety (OHS) implications of working with these items. The coordinator will address potential OHS hazards and implement them into the program.

Proper carry cases will be made available for the transport of digital technology and commercial storage and charging stations free of messy cords will be made available so that the items can be charged overnight.



ACCEPTABLE USE AGREEMENT FOR DIGITAL TECHNOLOGIES PROTOCOL

Please read and sign the protocol below.

When I use digital technologies I agree to be a safe, responsible and ethical user at all times, by:

- Respecting others and communicating with them in a supportive manner, never writing or participating in online bullying (for example, forwarding messages and supporting others in harmful, inappropriate or hurtful online behaviors)
- Protecting my privacy; not giving out personal details, including my full name, telephone number, address, passwords and images.
- Talking to a teacher if I feel personally uncomfortable or unsafe online, or if I see others participating in unsafe, inappropriate or hurtful online behaviors.
- Carefully considering the content that I upload or post online; this is often viewed as a personal reflection of who I am.
- Investigating the terms and conditions (eg. Age restrictions, parental consent requirements) If my understanding is unclear I will seek further explanation from a trusted adult.
- Confirming that I meet the stated terms and conditions; completing the required registration processes with factual responses about my personal details.
- Handling ICT devices with care and notifying a teacher if it is damaged or requires attention.
- Abiding by copyright and intellectual property regulations. If necessary, I will request permission to use images, text, audio and video and cite references.
- Not interfering with network systems and security, the data of another user or attempting to log into the network with a username or password of another student.
- Not bringing to school or downloading unauthorized programs, including games.
- Seek permission before printing any work or other documents.

STUDENT 1 - NAME :	
STUDENT 1— SIGNATURE:	
STUDENT 2 - NAME :	
STUDENT 2— SIGNATURE:	
STUDENT 3- NAME :	
STUDENT 3— SIGNATURE:	
STUDENT 4 - NAME :	
STUDENT 4 - SIGNATURE :	
PARENT/GUARDIAN NAME:	
SIGNED BY PARENT:	
DATE :	



PUBLICATION OF STUDENT WORK and/or PHOTOS

At Nilma Primary School we celebrate the efforts of our students by mentioning their participation in school events and their achievements in our school newsletter. Occasionally photographs of the students are included. We also use photographs of students in our school magazine along with examples of their work. Photographs of students are also used for the local papers.

On the school website there are images of students but we only ever use group photographs and we never identify the student's name, only class and year.

We invite local press to school events and they are expected to follow school policy on the publication of photographs of students. When a story is about an individual achievement we will always seek your consent before passing information or photographs to the press for publication. Unless a story features an individual child only group photos are published.

If you have any concerns about how photographs of your child may be used by the school please let us know.

The purpose of our school website is to promote the quality education that takes place at our school and to allow parents and the community another avenue through which to connect to our student's learning.

We are also seeking your permission to include your child's work and/or photographs in our school newsletter, website, Facebook, local newspaper and other forms of social media.

PERMISSION TO PUBLISH STUDENT WORK and/or PHOTOS

I give permission for my child's name and/or work to be published on the Nilma PS Website, SENTRAL and the School's Facebook Group.	Yes	No
I give permission for a picture of my child involved in school activities to appear on the Nilma PS Website, SENTRAL and the School's Facebook Group.	Yes	No
I give permission for my child's name and/or work to be published in the Nilma PS Newsletter or Community Newsletter (this will also be available on the School Website, SENTRAL and School Facebook Group).	Yes	No
I give permission for a picture and/or story of my child (including name) involved in school activities to be published in local newspapers and other social media.	Yes	No

STUDENT'S NAME/S :	
PARENT/GUARDIAN NAME:	
SIGNED: DATE:	



CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

Student's Name/s : _____

I hereby give my consent for the above named child/ren to participate in the school's head lice inspection program for the duration of their schooling at this school.

Parent / Guardian Name: _____

Signed: _____

Date: _____

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.



ASTHMA MANAGEMENT FORM

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete and attach to the Medical Consent form. For more information on Asthma see [section 4.5.7 of the Victorian Government Schools' Reference Guide](#). Further information is available from the Asthma Foundation www.asthma.org.au.

Student's name:

Usual signs of asthma: " Wheezing " Chest tightness " Coughing " Difficulty breathing " Difficulty speaking " Other

When completing this form please seek the advice of the asthmatic's doctor if necessary.

1. Usual maintenance regime or medical program followed:

Name of Medication

Method (eg. Puffer & spacer, turbo haler)

When and how much?

Does the child require assistance to take their medication?

2. Peak flow readings: BestCritical(bring own peak flow meter)

3. Signs of worsening asthma: " Wheezing " Chest tightness " Coughing " Difficulty breathing " Difficulty speaking " Other:

Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

5. List any known asthma trigger factor(s):

6. Has the person been admitted to hospital due to asthma in the past 12 months?

7. Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc.)

8. Has the person ever suffered sudden severe asthma attacks requiring hospitalization?

ASTHMA MANAGEMENT FORM

Important Notes

If you have answered "yes" to questions 6, 7, or 8 then the decision for the person to participate rests with the child's doctor. The process in such situations is as follows:

- the person's doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available;
- a letter from the student's doctor, stating the doctor's decision **must** accompany this form.

A separate form is needed for each child.

I declare that the information provided on this form is complete and correct.

Student Name: _____

Parent / Guardian name: _____

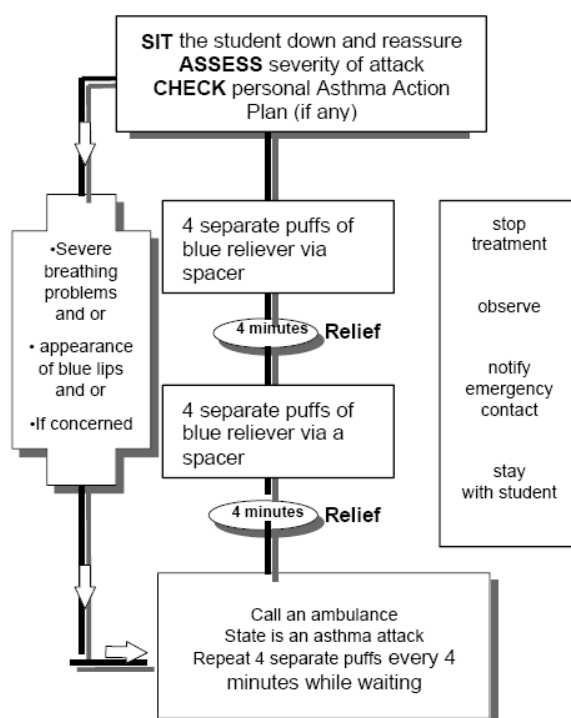
Signed: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Asthma First Aid Plan





MEDICAL CONDITION MANAGEMENT FORM

The following confidential information is required to assist in the proper management of a child's medical condition, if such help is needed. Please complete and attach to the Medical Consent form. (note from your doctor indicating condition or medication prescription)

Student's name:

What is your child's medical condition?

When completing this form please seek the advice of the doctor if necessary.

1. Usual maintenance regime or medical program followed:

Name of Medication

Method

When and how much?

Does the child require assistance to take their medication?

2. What are symptoms of the condition?

3. Signs of worsening condition:

Medication and treatment to be used during worsening stage;

4. Medication and treatment to be used during crisis situations:

5. List any known medical trigger factor(s):

6. Has the person been admitted to hospital due to condition in the past 12 months?

7. Has the person been on oral medication for the allergy within the past 12 months?

OTHER INFORMATION

A separate Medical Condition form is needed for each child.



ALLERGY MANAGEMENT FORM

The following confidential information is required to assist in the proper management of a child's allergy, if such help is needed. Please complete and attach to the Medical Consent form.

Student's name:

Usual signs of allergy:

When completing this form please seek the advice of the doctor if necessary.

1. Usual maintenance regime or medical program followed:

Name of Medication

Method

When and how much?

Does the child require assistance to take their medication?

2. What is child allergic to?

3. Signs of worsening allergy:

Medication and treatment to be used during worsening allergy:

4. Medication and treatment to be used during crisis situations:

5. List any known allergy trigger factor(s):

6. Has the person been admitted to hospital due to allergy in the past 12 months?

7. Has the person been on oral medication for the allergy within the past 12 months?

8. Has the person ever suffered sudden severe allergy attacks requiring hospitalization?

A separate allergy form is needed for each child.



SMS PARENT CONTACT DETAILS

EMERGENCY MANAGEMENT - IN EVENT OF SCHOOL CLOSURE/CHANGE OF SCHOOL ROUTINE

As part of our strategy for emergency management, in the event we need to contact all parents in case of a school closure, we will be setting up a new school procedure. We will be using the school mobile phone to SMS every family.

In the event of needing to activate our plan, families will receive an SMS to a Designated Mobile phone. Once each family receives the message we will ask for a notification SMS response from families indicating they have received the message.

If we do not receive a notification of receipt of message we will then use other emergency contact details.

This process will be used only in emergency situations - school closure notification at this stage. We will need to make sure that all school information is accurate.

The number is 'usually' Parent A mobile on our school records, but we will use the number you return on the form below. In the situation where your family does not have a mobile phone - the school will contact the individual family's landline.

If your family has changed any personal contact details such as phone number (mobile or landline), address or occupation details please notify the Office in writing so all of our details are up to date.

NILMA PRIMARY SCHOOL EMERGENCY MANAGEMENT 2021

FAMILY NAME: _____

MOBILE PHONE NUMBER FOR SCHOOL SMS EMERGENCY CONTACT:

PHONE NUMBER: _____

NAME OF OWNER: _____

Parent Signature: _____ **Date:** _____



AUTHORISED PICK UP

EMERGENCY MANAGEMENT

AUTHORISED PERSONS TO PICK UP STUDENTS FROM SCHOOL

As part of our strategy for Emergency Management, we are just following up on a number of practices to keep all students safe.

In the event a parent/guardian is unable to pick up a student from school or another parent has been arranged to do so, it would be best if parents could advise the school on the day in person, a signed note or by phone.

Some parents have permanent arrangements for pick ups - a note in writing would be appreciated in this case as unplanned things happen.

Could all parents please complete this 'Authorised persons to pick up students from school' form.

NILMA PRIMARY SCHOOL

AUTHORISED PERSON TO PICK UP STUDENT/S FROM SCHOOL

FAMILY NAME: _____

STUDENT NAMES: _____

AUTHORISED PERSONS:

Parent/ Guardian Signature:

NAME;	CONTACT NUMBER;

Date; _____



CHAPLAIN CONSENT



Department of
Education & Training

National School Chaplaincy Programme Consent Form

This information is to help you decide whether to consent to your child receiving Chaplaincy Services through the National School Chaplaincy Programme (NSCP) in a Victorian Government School.

Please read this form carefully. If you need any clarification, please contact Annette Sutherland.

Although the form uses the phrase 'your child' you may have received this form if you:

- are an adult student or can be considered a **mature minor**
- are a **guardian or informal carer**¹.

Background

The Department of Education and Training (DET) provides educational services for the Victorian Government. Chaplaincy services are provided by DET by agreement with the Commonwealth Government.

The NSCP Chaplaincy Service aims to support the emotional wellbeing of students by providing pastoral care services and strategies that support the emotional wellbeing of the broader school community.

Pastoral care means looking after the personal needs of students, not just their academic needs, by providing general spiritual and personal support.

Chaplains providing Chaplaincy Services are required to:

- have been recognised through formal ordination, commission, recognised religious qualifications or endorsement by a recognised or accepted religious institution
- have the skills and experience to provide Chaplaincy Services.

Further information about chaplaincy services in Victorian Government schools can be found in the NSCP Guidelines, available here:

<http://www.education.vic.gov.au/school/principals/spag/safety/Pages/chaplaincy.aspx>

Chaplains in your school

In your school the Chaplaincy Service will be provided by:

Mrs Anne Prime

Access Ministries
GPO Box 5124
MELBOURNE VIC 3001
Phone: 03 9804 0733
Fax: 039804 0722



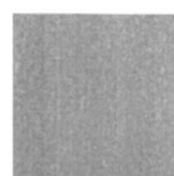
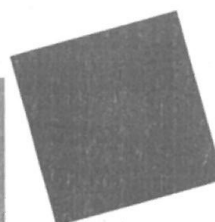
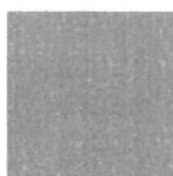
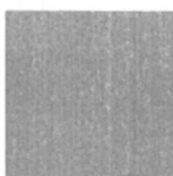
The chaplain will be available in the school as follows:

Monday	9 am to 3.30 pm
Tuesdayam topm
Wednesday	9 am to 3.30 pm
Thursdayam topm
Fridayam topm

School location(s):

Chaplain Office,
Main Building, Nilma Primary School
.....

¹ For more information on who may sign this form see: Decision Making Responsibilities for Students (on SPAG).





CHAPLAIN CONSENT

Type of Service

Chaplaincy Services in your school may be provided in any of the following forms

- (a) on an individual basis (one-on-one discussions with a student)
- (b) in a group setting (discussions with groups of students), or
- (c) both (a) and (b).

Privacy Protection

DET values the privacy of every individual and is committed to protecting all personal information collected in schools. All school staff, contractors and agents must comply with Victorian privacy law and applicable DET privacy and information policies.

In Victorian Government schools the management of 'personal information' and 'health information' (**personal information**) is governed by the *Privacy and Data Protection Act 2014* (Vic) and *Health Records Act 2001* (Vic) (collectively, **Victorian privacy law**).

Chaplains must follow the Victorian NSCP *Chaplaincy Information, Records and Reporting Policy* which details how chaplains in schools must handle personal information they collect, consistent with Victorian privacy law.

This section summarises the Victorian NSCP *Chaplaincy Information, Records and Reporting Policy* available at:
<http://www.education.vic.gov.au/school/principals/health/Pages/nscpchaplaincy.aspx>

Purpose of collecting personal information

Chaplains may collect personal information about your child to:

- work as a member of the school's wellbeing team and provide Chaplaincy Services which form part of the wellbeing services available at the school
- assist the school to:
 - provide for the educational, social and emotional wellbeing and health of students
 - meet its duty of care obligations
 - make reasonable adjustments for students with disabilities
 - comply with occupational health and safety obligations(collectively, the **primary purposes**).

On occasions, your child may discuss other members of your family or other people with a chaplain. As a consequence, chaplains may collect personal information about people other than your child.

Types of personal information collected

The types of personal information the chaplain may collect about your child will depend on the nature of the discussions your child has with the chaplain.

Chaplains may collect personal information such as your child's address, contact details, information about physical, mental or psychological health, details about any disability your child may have and information about your child's religious beliefs or affiliations.

Chaplains will rely on information provided to them to adequately provide the Chaplaincy Service. If a chaplain receives incomplete, inaccurate or outdated information, this may adversely affect the assistance provided by them.

Sharing (using/disclosing) personal information

The Victorian NSCP *Chaplaincy Information, Records and Reporting Policy* describes how chaplains may share personal information collected about you or your child with the school principal:

- for any of the primary purposes set out above
- if there is a risk to your child, other person or the public
- as permitted or required by law
- with consent.

Storage of personal information

Chaplains will record and store relevant information in accordance with the Victorian NSCP *Chaplaincy Information, Records and Reporting Policy*.

Accessing personal information

You can access and correct personal information held by DET about you or your child under Freedom of Information, from:

Information Management Unit
Department of Education & Training
2 Treasury Place, East Melbourne VIC 3002
(03) 9637 3961
foi@edumail.vic.gov.au

Withdrawal of consent

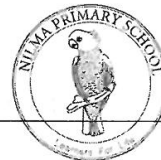
You may withdraw your consent at any time by writing to your school. Withdrawing your consent means your child will no longer receive any Chaplaincy Service.

Further information

Further information about the NSCP is available from the DET website at:
<http://www.education.vic.gov.au/school/principals/health/Pages/nscpchaplaincy.aspx>.



CHAPLAIN CONSENT



Your Authority and Consent

I authorise and consent to a chaplain providing services to my child.

I confirm that I have read this Consent Form and understand:

- how my child's personal information will be collected and managed by the chaplain
- that my consent will continue whilst my child is enrolled in a Victorian government school
- that I may withdraw my consent at any time
- that if the chaplain determines that the Chaplaincy Service is no longer required for me or my child, it will cease.

Name of Student	
Student signature (optional)	
Date	___ / ___ / ___
Name of Person 1	
Relationship to Student	
Signature of Person 1 providing consent	
Date	___ / ___ / ___
Name of Person 2 (Optional)	
Relationship to child	
Signature	
Date	___ / ___ / ___
If you are an adult student or you have been classified as a mature minor you may sign this form. For more information about who may sign this form see: Decision Making Responsibilities for Students (on SPAG).	



SPORTING SCHOOLS CONSENT

As part of a government initiative, Nilma Primary School is able to participate in the Sporting Schools program. This program enables Nilma to offer up to two different sports/activities per term. These activities and dates are advertised in the school newsletter. The sessions run at various times through the term, during or after school.

Students can sign up for these sports/activities that will be held after school, by completing and returning the forms in the newsletter, students will be notified of their participation through the newsletter also. Unfortunately, due to group numbers, not all students will be able to participate in all sports/activities but the school will endeavor to make the program fair for all.

Students are expected to participate in every session, wearing appropriate footwear and hats when required. Students must also bring a healthy snack to eat before each session.

Please note that the program is subject to changes as determined by the school and/or government changes.

All coaches and supervisors hold a current Working with Children Check. Coaches are affiliated with their represented sport/activity.

By giving permission below, this enables your child to participate in the program for the school year.

I give permission for my child/ren to participate in the various sports and activities as offered as part of the Sporting Schools program at Nilma Primary School for 2021.

I authorise the supervisor in charge of the program to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary. I accept all responsibility for payment of any expenses thus incurred.

STUDENT'S NAME/S :	
PARENT/GUARDIAN NAME:	
SIGNED: DATE:	



PERMISSION TO WATCH VISUAL MEDIA

As part of various learning programs at Nilma Primary School, students may be required to watch a range of visual media, for example, video, movies, short clips, related to curriculum content learnt about in the classroom, specialist subjects and/or areas. A range of visual media will be viewed, rated G and PG. Permission is required for your child to participate, watching those texts rated PG.

I give permission for my child/ren to watch visual media rated PG at school that forms part of the learning programs used at Nilma Primary School.

STUDENT'S NAME/S :	
PARENT/GUARDIAN NAME:	
SIGNED: DATE:	

PARENT FEEDBACK
