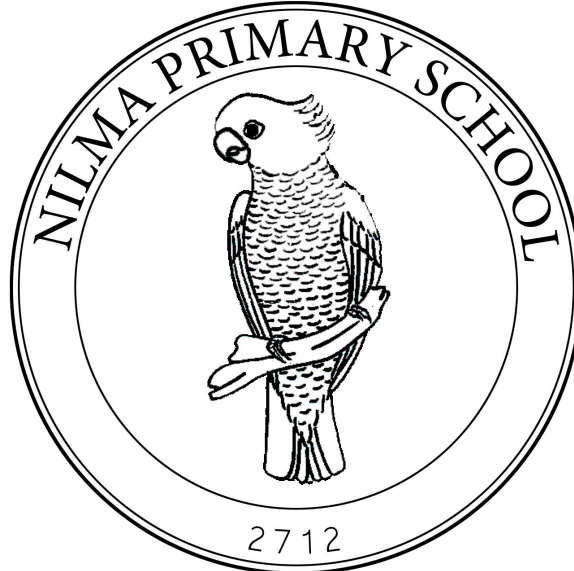




NILMA PRIMARY SCHOOL



Student Permission Booklet 2014

FAMILY NAME:

DATE:

OFFICE USE ONLY

GENERAL PERMISSION:

INTERNET PROTOCOL:

PUBLICATION OS STUDENT WORK AND/OR PHOTOS

HEADLICE

ASTHMA MANAGEMENT PLAN(S):

MEDICAL CONDITION MANAGEMENT PLAN:

ALLERGY MANAGEMANT PLAN(S):

OTHER



This booklet contains permission / policy forms for 2014:

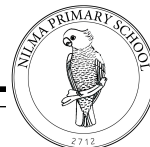
- **General Permission- Excursion Consent (Local)**
- **Internet Use/ Safety Protocol**
- **Publication of Student Work and/or Photos**
- **Head Lice Inspection**
- **Asthma Management Plan** (if need more than TWO forms please contact office)
- **Medical Condition Management Plan** (if need more than TWO forms please contact office)
- **School Allergy Management Plan** (if need more than TWO forms please contact office)

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 etc

ADDRESS	
PHONE NUMBERS	
EMERGENCY CONTACTS	
OTHER	

**Regards,
Annette Sutherland
Principal**



GENERAL PERMISSION FORM—2014

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

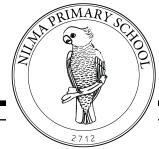
- Responsibility for the spelling, presentation, accuracy and content of all web pages rests initially with the student publisher and secondly with their teacher.
- Prior to publication on the World Wide Web hardcopies of all web-pages will be kept by the classroom teacher.
- Only the Information Technology 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—2014

This is Nilma Primary School’s Internet Protocol for 2014. 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 year 2-6 can also 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 Ultranet 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:	
PARENT/GUARDIAN NAME:	
SIGNED BY PARENT:	



PUBLICATION OF STUDENT WORK and/or PHOTOS—2014

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 or magazine.

PERMISSION TO PUBLISH STUDENT WORK and/or PHOTOS

I give permission for my child's work to appear on the Nilma PS website	Yes	No
I give permission for a picture of my child involved in school activities to appear on the Nilma PS website and the ultranet.	Yes	No
I give permission for my child's work to appear in the Nilma PS Newsletter or Community Newsletter (this will also be available on school website for families)	Yes	No
I give permission for a picture and/or story of my child involved in school activities to appear in the local newspapers .	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 to participate in the school’s head lice inspection program for the duration of their schooling at this school.

Parent / Guardian Name: _____

Signed: _____

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)

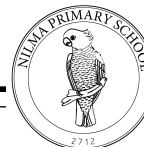
3. Signs of worsening asthma: " Wheezing " Chest tightness " Coughing " Difficulty breathing " Difficulty speaking " Other:

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 hospitalisation?



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.

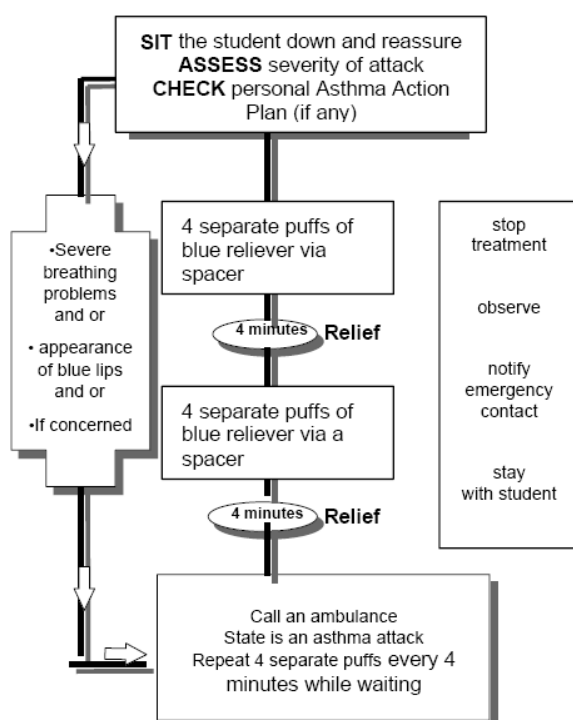
A separate form is needed for each child.

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

Student Name: _____ Parent / Guardian name: _____
 Signed: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Asthma First Aid Plan





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?
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Asthma Management Form

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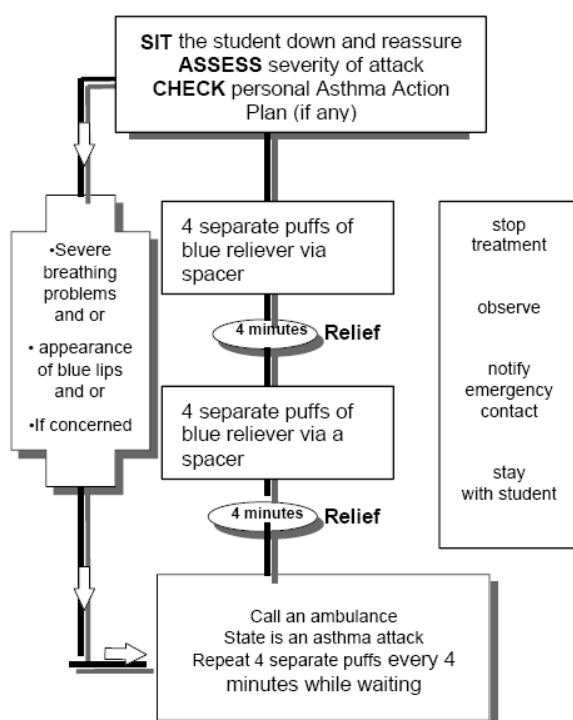
A separate form is needed for each child.

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

Student Name: _____ Parent / Guardian name: _____
 Signed: _____

Emergency Contact Name: _____
 Emergency Contact Number: _____

Asthma First Aid Plan





MEDICAL CONDITION Management Form 2014

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?
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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.



MEDICAL CONDITION Management Form 2014

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 hospitalisation?

A separate allergy 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?
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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 hospitalisation?

A separate allergy form is needed for each child.