



Cleve Area School
Second St, Cleve 5640
Phone (08) 86282104 Fax (08) 86282511

GENERAL CONSENT FORM 2016

Schools often need to seek parental permission to cover a wide range of activities and situations. We hope that by placing most of the potential situations on one sheet it will save time and paper. Please read, sign - if approval is given, and return to the class teacher ASAP. Thank you.

CHILD'S NAME Year Level.....

PARENTS / CAREGIVER NAMES:.....

ADDRESS:..... PHONE NO:.....

PERMISSION TO ACT IN THE EVENT OF A MEDICAL EMERGENCY

In the event of a medical emergency, I hereby give permission for the school to take the appropriate action (including calling an ambulance if necessary).

Signed.....

BUS STUDENTS ONLY EMERGENCY BUS CONTACT DETAILS IN THE EVENT OF A BUSHFIRE

In the event of a major bushfire where buses cannot travel their normal route please supply the name of a family living in the Cleve township, their residential address and phone number that your children can stay with.

FAMILY NAME:..... PHONE NO:

ADDRESS:

Signed.....

PERMISSION TO PARTICIPATE IN LOCAL EXCURSIONS

Throughout the year, as part of the educational program offered at Cleve Area School, groups of students are required to visit various sites around the township of Cleve. We are seeking approval for your son/daughter to attend activities under the following conditions:

- The activity is part of the curriculum ie NOT to "go down the street" for recreation/personal business
- Students will be accompanied by a member of staff and supervised at all times
- Students will be in groups at all times
- The activities will be in a bus or on foot and will be within 5km of the built up area of the town.

The existing arrangements for lunch passes and for students to go to the street for personal/family business remain.

Signed.....

SCHOOL YARD SUPERVISION

I understand that the school yard is supervised from 8.30 a.m. until 3.20 p.m. and that the school cannot accept responsibility for children in the yard outside of these times.

Signed.....

PERMISSION TO INSPECTION FOR HEAD LICE CHECKS

The South Australian Health Commission recommends that everyone checks their hair every week for headlice. Checking and treating children’s hair is **BY LAW A PARENT’S RESPONSIBILITY**. Sometimes schools offer to arrange head checks if there is a community outbreak of headlice. If a child is found to be infested they will be withdrawn from close contact with other children until collection for treatment by parents or caregivers.

PLEASE TICK ONE OF THE BOXES BELOW:-

() I give permission for a staff member to check my child’s hair for headlice. I understand any such check will be conducted sensitively

OR

() I do not give permission for the school to check my child’s hair for headlice. I will do this. I understand that my child can be excluded from school where infestation is suspected. I understand it is my responsibility to arrange collection of my child from school when notified. I understand that approval for re-entry may require provision of advice from a doctor that my child is free of headlice.

Signed.....

SCHOOL BEHAVIOUR MANAGEMENT

The school has a Behaviour Management Policy in place where the main feature is to use the practice of "time out" to allow the student to reflect on their own behaviour, which has been unacceptable or inappropriate and to help them change their behaviour. I understand the school has a Behaviour Management Policy and accept responsibility to support the steps involved. (A copy of the process is available from the front office).

Signed

SUNSMART POLICY

The school has a Sunsmart Policy, stating that it is compulsory for students to wear a wide brimmed (8-10cm) hat, in terms 1 and 4, as accepted by Governing Council. I understand my child is required to wear a hat as per the school’s policy.

Signed

PERMISSION TO ATTEND RELIGIOUS EDUCATION

I give permission for my child to attend Religious Education Lessons during school time.

Signed

FAMILY EMAIL ADDRESS

Many of our teachers have found email the most effective method of keeping parents informed of a student’s progress. It is easy to communicate work timelines and also to provide work through attachments so together we can support improved student leaning outcomes. Please include your email address so that it can be included in your child’s teacher’s group emailing list.

Please consider ticking the email Newsletter option. We are trying to reduce our carbon imprint as a school.

EMAIL:

I would like the newsletter emailed (PLEASE TICK BOX.)

MOBILE NUMBERS

STUDENT’S NO: _____ **PARENT’S NO:** _____