



CLEVE AREA SCHOOL

Eyre Peninsula, South Australia

Second Street, Cleve South Australia 5640
Phone: (08) 86282104 Fax: (08) 86282511
Email: dl.0753_info@schools.sa.edu.au

General Consent Form

Child's Name: _____ Class Teacher: _____

PARENTS / CAREGIVER NAMES: _____

ADDRESS: _____ PHONE NO: _____

EMAIL ADDRESS: _____

I would like the NEWSLETTER emailed. (Please tick box).

STUDENT MOBILE NUMBER: _____

EMERGENCY CONTACT: _____ Relationship: _____

Phone: _____ Mobile: _____

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Phone: _____ Mobile: _____

Dear Parent / Caregivers,

Each year we require your permission to enable your child to take part in a number of activities that may occur throughout the year. Your signature indicates that you consent to all the points below. A separate form is required for each child in your family.

1. 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.

Yes/No

2. SCHOOL YARD SUPERVISION

I understand that the school yard is supervised from 8:30am to 3:35pm and the school cannot accept responsibility for children in the yard outside these times. I understand that children must stay on the grounds once they arrive at school unless signed out at the Front Office by a parent/caregiver.

Yes/No

3. BEHAVIOUR MANAGEMENT PRACTICES

I agree that my child is required to co-operate with staff and students whilst attending 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 schools behavioural expectations.

Yes/No



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4. HEADLICE CHECK

Checking and treating children's hair is by law a parents / caregivers responsibility

I give permission for the school staff to check my child's hair for eggs and head lice. I understand that any such check will be conducted sensitively and that any children found to be infested will be withdrawn from close contact with other children until collected from school. I understand that I will need to collect and treat my child promptly if head lice are evident as a result of this check.

Yes/No

5. 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).

Yes/No

6. 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.

Yes/No

7. PERMISSION TO ATTEND RELIGIOUS EDUCATION

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

Yes/No

8. PG RATED MOVIE CONSENT

Occasionally throughout the year classes may choose to watch a PG rated movie that links with the book the curriculum. We would like to ask permission for your child to watch these movies as the need arises and will always inform you of the name and genre of the movie prior to viewing.

Yes/No

9. PERMISSION FOR ATHLETICS WHEN USE OF PROJECTILES ARE INVOLVED

I give my consent for them to participate in athletic events which may involve the use of a projectile such as javelin, shot put or discus for educational purposes.

Yes/No

10. 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: _____

Parent / Caregiver Signature: _____

Date: _____