



# 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: \_\_\_\_\_

Newsletter will be emailed or available online. If you require a printed copy, please contact the Front Office as there may be a cost.

STUDENT MOBILE NUMBER: \_\_\_\_\_

PARENT 1: \_\_\_\_\_ Mobile: \_\_\_\_\_

PARENT 2: \_\_\_\_\_ Mobile: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

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. SCHOOL YARD SUPERVISION**

I understand that the school yard is supervised from 8:30am to 3:15pm 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

### **2. 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

### **3. 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 I understand that any such check will be conducted sensitively and that any children found to be infested will be withdrawn from close contact with other children



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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

#### **4. 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

#### **5. 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

#### **6. PERMISSION TO ATTEND RELIGIOUS EDUCATION**

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

Yes/No

#### **7. 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

#### **8. 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: \_\_\_\_\_

Students and Parent/Caregivers,

Please sign below to indicate that you have read and understood the permission requests. Please return to the front office as soon as possible.

Parent / Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_