



# YARRA ROAD PRIMARY SCHOOL

## Permission Details

Students Name: \_\_\_\_\_

### Local Walking Excursion

I give permission for my child to attend school excursions to be conducted within walking distance of the school.

In the event of illness or injury to my child whilst at school or on an excursion, or travelling to or from school, I authorise the principal or teacher in charge, where it is otherwise impossible or impractical to contact me to:

1. Administer such First Aid as may be deemed necessary, and
2. Consent to my child receiving such medical, dental or surgical treatment as may be deemed necessary.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

### Head Lice Management Plan

I do

I do not

give permission for my child to participate in the School Management Head Lice Program at Yarra Road Primary School.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

### Christian Religious Education Permission

I do

I do not

give permission for my child to participate in the Christian Religious Education classes at Yarra Road Primary School.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

## Media and Publication Permission

I give permission for my child to:

- Photographed / appear (first name only) in newspapers / general publications
- Have their photo and first and surname printed in our school newsletter
- Appear named (first name only) in school brochures /class publications
- Appear (photograph) first name on the Internet (World Wide Web, WikiSpaces, Podcasts, School Website, Emails etc) as approved by class teacher
- Appear named (first name only) on Free-to-air Television.
- Voice to be recorded for use in school or on local community radio (first name to be used only)

*Please rule a line through any statements above for which you do not give permission.*

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_

## Internet and Email Usage

### Internet and Email Permission:

After having read and discussed the contents of the Learning Technologies Acceptable Use Guidelines with my child, I give permission for my child to:

- Access the Internet for information within their classroom program.
- Publish work on the Internet using their first name only.
- Appear first name only, in photographs on the Internet.
- Send and receive emails to and from students at other primary schools.
- Send and receive emails to and from other people and organisations as approved by their classroom teacher.

*Please rule a line through any statements above for which you do not give permission.*

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_

I understand that this authorisation for the named student below will be valid for their entire duration at Yarra Road Primary School. I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the Principal in writing.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

YARRA ROAD PRIMARY SCHOOL  
PH: 9723 4182

YARRA ROAD, CROYDON 3136  
FAX: 9725 3485