



ALTONA P-9 COLLEGE

FAMILY PERMISSION DECLARATION 2015/16

Parent Name: _____ Child's name: _____

ILLNESS AND/OR INJURY TO COVER ALL INCURSIONS EXCURSIONS.

In the event of illness or injury to my child whilst at school, or travelling to or from school; I authorise the Principal or teacher in charge of my child, if they are unable to contact me to:

- Consent to my child receiving such medical or surgical attention that may be deemed necessary by a medical practitioner
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: __/__/__

LOCAL WALKING PERMISSION

Throughout the year your son/daughter will be participating in activities that will take them off site and into our local community. These events will be within walking distance of the college. This form will cover walking excursions during the year. You will be informed via notice and or email of upcoming walking excursions.

I, give permission for my child _____ of Year _____ to participate in activities taking place in the local community understanding they will walk and be fully supervised at all times and with travel within easy walking distance.

Signature of Parent/Guardian: _____ Date: __/__/__

HEADLICE

I, _____ give permission for my child to participate in head lice checks for the duration of their enrolment at Altona P-9 College.

SCHOOL WEBSITE AND OTHER MEDIA PERMISSIONS

I, _____ give permission for images of my child to be used for the promotion of the school, its programs, student achievements for the duration of their enrolment at Altona P-9 College. Usage would have no entitlement for remuneration.

ALTONA P-9 COLLEGE NEWSLETTER:	YES/NO	ALTONA P-9 COLLEGE WEBSITE:	YES/NO
ALTONA P-9 COLLEGE INTERNAL DISPLAY	YES/NO	ALTONA P-9 VIDEO	YES/NO
ALTONA P-9 COLLEGE SCHOOL ADVERTISING (Local newspaper/brochures/Video etc.)			YES/NO

Signature of Parent/Guardian: _____ Date: __/__/__

INTERNET USAGE POLICY

I agree to allow my child to use the Internet at school and have read, signed and returned the Altona P-9 College acceptable use agreement for Internet, Ultranet and Digital technologies.

Signature of Parent/Guardian: _____ Date: __/__/__

Thank you for taking the time to complete the Student permission collection. We understand that the information you have provided is confidential and will be treated as such.

I, certify that the information contained within this form is true and correct.

Signature of Parent/Guardian: _____ Date: __/__/__