Dear Parents/Carers,

The following permission notes require your signature. These notes will apply to various activities throughout the 2016 school year. Please return signed permission notes to the white box located in the front office.

Thank you
Berlinda Cook
Principal

CHILD’S NAME: ____________________________  CLASS: ______________

WALKING PERMISSION NOTE

I give/do not give permission for my child to walk, under teacher supervision, to local parks, ovals and areas of interest (for example; the Cooks River, Campbell Oval, Blick Oval, Yeo Park, local streets shops, Canterbury Boys’ or Girls’ High School) for educational and sporting purposes. I understand that this permission will last the duration of 2016 and that I will be informed by note (hardcopy or electronic) prior to the event.

Signed: _________________________________  Date: ______________

CHILD’S NAME: ____________________________  CLASS: ______________

LUNCHTIME WALKING CLUB

Students have the opportunity to participate in a lunchtime walking club around the streets close to our school for approximately 1/2 hour. The walking club is run by the principal, Berlinda Cook and is dependent on her weekly schedule and availability. This means that sometimes the walking club goes ahead a couple of days in the week and at other times it doesn’t go ahead at all.

I give permission for my child to participate in the walking club. I understand that my child would be walking around the streets of Ashbury under the supervision of Ms. Cook for about 1/2 hour.

Signed: _________________________________  Date: ______________

CHILD’S NAME: ____________________________  CLASS: ______________

USE OF CHILD’S IMAGE OR WORK and ACCESS TO ONLINE SERVICES (these are the same permissions as outlined in the NSW government school enrolment form)

I give permission for my child’s image or work (photograph or video) and voice to be published:

☐ within school and class, on the school website, school blogs and wikis, in the newsletter, annual school report and on official departmental and school media accounts, including Facebook and Twitter accounts and other external publications.

☐ I do not give permission.

I give permission for my child;

☐ to have access to online services provided by the Department.

☐ I do not give permission.

I understand that I must inform the school IMMEDIATELY should this change.

Signed: _________________________________  Date: ______________
CHILD’S NAME: ___________________________  CLASS: _______________

COOKING

I give permission for my child to participate in supervised cooking activities. I understand that hot substances will sometimes be used. I understand that children will be encouraged to try foods in accordance with their cultural and medical needs.

My child has the following food allergies or intolerances:

My child must not eat the following foods/ingredients for cultural/religious reasons:

Signed: ______________________________________   Date:______________________

CHILD’S NAME: ___________________________  CLASS: _______________

EMAIL

To aid and improve communication between school/home, please write your current email address/es below.

PLEASE NOTE: Your email address will be forwarded to the class parent representative for your child’s class as well as added to the School Enews (http://www.schoolenews.com). School newsletters and notes are sent home electronically through this platform.

Parent/ Carer 1 : ________________________________

Email address: ___________________________________________________________________________________

Parent / Carer 2: ________________________________

Email address: ___________________________________________________________________________________

CHILD’S NAME: ___________________________  CLASS: _______________

SUNSCREEN

(This permission is particularly for younger students and some less independent students in the Special Education classes.)

I recognise that too much sunlight may affect the health of my child. Therefore, I give permission for staff to apply a sunscreen product to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

☐ I do not know of any allergies my child has to sunscreen.

☐ Staff may use the sunscreen of their choice following the directions or recommendations on the bottle.

Signed: ________________________________   Date:______________________

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