

Name of Student: _____ Year Level: _____

WALKING EXCURSION PERMISSION AUTHORITY

I give permission for my child to attend excursions organised by Overport Primary School. I understand that this authorisation covers only excursions that are walking within distance of school grounds, do not involve any type of transport and must be held between the hours of 9.00am and 3.30pm.

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I understand that if I wish to withdraw this authorisation at any time, it will be my responsibility to inform Overport Primary School in writing.

Signature of Parent/Carer _____ Date _____

HEADLICE AUTHORISATION

I give consent to my child's hair being visually checked by a person nominated by the Principal.

I understand in the instance that head lice are found, the student should not return to school until the appropriate treatment has been administered.

I understand that if I wish to withdraw this authorisation at any time, it will be my responsibility to inform Overport Primary School in writing.

Signature of Parent/Carer _____ Date _____

PERMISSION TO WATCH PG MOVIES

Throughout the year teachers may wish to show PG rated films that relate to classroom topics. Therefore your overall permission is sought.

I understand that if I wish to withdraw this authorisation at any time, it will be my responsibility to inform Overport Primary School in writing.

I give permission for my child to watch PG rated films under the supervision of a teacher.

Signature of Parent/Carer _____ Date _____