Maffra Primary School
Permission Forms

Consent to Medical Attention
In the event of illness or injury to my child whilst involved with school activities or travelling to or from school, I authorise the principal or teacher in charge of my child, where I am unable to be contacted, or it is otherwise impracticable, to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as may be deemed to be reasonably necessary.

Signature of Parent / Guardian: _______________________________________

Consent to Head Lice Inspections
The school may need to arrange head lice inspections of students. The management of head lice infestation works best when all children are involved in our screening program. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

I hereby give my consent for my child to participate in the school’s head lice inspection program.

Signature of Parent / Guardian: _______________________________________

Consent to have Photographs Published
I consent to my child’s photograph being included in school newsletter, school promotional publications and newspaper reports.

Signature of Parent / Guardian: _______________________________________

Consent to Local Excursions
From time to time, your child will be participating in a local excursion or walk. For example, this could involve walking to the main street, swimming pool, Maffra Showgrounds or the Memorial Hall. By giving your consent, this will provide the classroom teacher with the appropriate consent for your child to participate in the excursion. Advance notice of local excursions will be provided.

I give consent to my child participating in the Maffra Primary School local excursions.

Signature of Parent / Guardian: _______________________________________

Consent to Transfer Student Files
I authorise the transfer of my child’s school file to their next school as part of their transition.

Signature of Parent / Guardian: _______________________________________

Date:   /   /   

Thank you for taking the time to fill in this student information form.