ARMADAILE PRIMARY SCHOOL

CONSENT FOR LOCAL WALKING EXCURSIONS

I consent to my child ___________________________________________ participating in local walking excursions from/back to school. These excursions will not require any transport or payments, and therefore will not require any separate notice.
In the event of accident or injury to my child, I authorise the teacher in charge to agree, where it is not possible to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

This permission is valid for the time that the child named above is enrolled at Armadale Primary School, or until you advise the school otherwise in writing.

NAME: (Please print) ______________________________________________

SIGNATURE: __________________________ DATE: __________
(Parent/Guardian)

CONSENT FOR PHOTOGRAPHY OF STUDENTS

I consent to my child ___________________________________________

Yes  No being photographed at school for classroom/in-school purposes eg.
Classroom displays, Armadillo publication

Yes  No school website, school newsletter, Ultranet, approved school
promotions such as school or DEECD brochures & local newspaper.
(In this category, photographs would only consist of group shots and
identified by first name only.

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Armadale Primary School or until you advise the school otherwise in writing.

NAME: (Please print) ______________________________________________

SIGNATURE: __________________________ DATE: __________
(Parent/Guardian)