

Local School Excursion Permission

I hereby give permission for my child, _____, to participate in local excursions which do not require transport, but involve the children leaving the school grounds to walk to a particular local venue, for the duration of their schooling at Stonnington Primary School, providing a teacher is in charge and all reasonable care is taken.

I agree that, in the event of an accident or illness during any such excursion, if I cannot be contacted, the teacher in charge has permission to obtain such medical assistance as considered necessary for my child. I will accept responsibility for any cost involved. I note an excursion includes any teacher-supervised activity outside the school grounds.

I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform the school in writing.

Signature of Parent/Guardian _____ **Dated** ___/___/___

School Photography Permission

I hereby give permission for my child, _____, to participate in any appropriate school media activities for the duration of their schooling at Stonnington Primary School without the inclusion of identifying information.

This permission includes the right to be: (please circle yes or no)

Yes/No - photographed in a school activity by the school for use in newsletter

Yes/No - photographed/filmed in a school activity by the school for use on the website

Yes/No - photographed/filmed in a school activity by the school/media for use in the press

Yes/No - photographed/filmed in a school activity by the school/media for use on television

I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform the school in writing.

Signature of Parent/Guardian _____ **Dated** ___/___/___

Previous Settings

Please tick those services with whom your child has been associated:

- Occupational Therapy Previous primary school
- Speech Pathology Other agency (please list) _____
- Psychologist
- Early Learning Teacher eg: Kinder, Pre-School teacher

I, _____ give permission for reciprocal sharing of information in order to support the learning of my child _____.

Signature of Parent/Guardian _____ **Dated** ___/___/___