CONSENT FORMS

The following is a standard permission form which will be reissued each year of your child’s schooling at Balmoral Community College.

This consent form is for (Student’s Name).

............................................................

ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or Teacher-In-Charge of my child, where the Principal or the Teacher-In-Charge is unable to contact me, or it is otherwise impracticable to contact me 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 the Principal or staff member may judge to be reasonably necessary.
- In all cases of emergency an ambulance and/or the Balmoral Bush Nursing Centre will be called.
- Note that the college does not hold Student Accident Insurance.

Signature of Parent/Guardian................................................................. Dated ........../......../20......

PARACETAMOL PERMISSION

Occasionally a student may require the use of Paracetamol for the relief of headache or pain. If your child has this form of pain relief at home and you wish for them to have it at school, please sign below. A note will be sent home when any paracetamol has been administered giving you details of time/dosage/date/reason.

I Give Permission     I Do Not Give Permission

For my child: ................................................................. to receive paracetamol for pain relief at school.

Signature of Parent/Guardian................................................................. Dated ........../......../20......

HEAD LICE INSPECTIONS

At various times throughout the year we conduct regular checks on children’s hair for the presence of live lice or eggs. These checks are conducted by trained staff from the Balmoral Bush Nursing Centre. Any contact to parents will be done via the Office. This authorisation is for the students schooling life with Balmoral Community College or DEECD change in policy.

I Give Permission     I Do Not Give Permission

Signature of Parent/Guardian................................................................. Dated ........../......../20......

LOCAL SCHOOL EXCURSION PERMISSION

I hereby give permission for my child, whose name appears above, to participate in local school activities for the duration of their schooling at Balmoral Community College, providing a teacher is in charge and all reasonable care is taken. I agree that, in the event of an accident or illness during this 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 charge involved.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school on 5570 1247. Parents will always be informed in advance of any activities, which require children to leave the school.

Signature of Parent/Guardian................................................................. Dated ........../......../20......