

NEWCOMB PRIMARY SCHOOL
MULTIPLE PERMISSION FORM 2024

STUDENTS NAME: _____ DATE: ___/___/2024

Parents/Guardians are asked to fill in the required information and sign in the appropriate places.

1. LOCAL WALKING EXCURSIONS

From time to time throughout the course of the year, your child's teacher may wish to take your child's class out of the school for a local walking excursion (e.g. to visit a nursing home or to count traffic etc.)

I give permission for my child to attend any local walking excursion during 2024.

In the event of accident or illness to my child, 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.

SIGNED _____ (PARENT/GUARDIAN)

2. SCHOOL PROMOTIONS AND PHOTOGRAPHS

Occasionally photographs of students are taken for special activities or publicity and we ask for your permission to use these images within the school and also in the wider community.

I give my consent for my child's photograph to be taken for use in school publications and promotional materials e.g. Newsletter, Magazine, Annual Report to School Council, Wall displays, Newspapers, School Information Booklets and Social Media.

SIGNED _____ (PARENT/GUARDIAN)

3. INTERNET AND EMAIL AGREEMENT

I give my consent for my child's work to be published on the school's website and social media with first name only
Yes No

I give my consent for my child's photograph to be published on the school's website and social media with no name attached.

Yes No

SIGNED _____ (PARENT/GUARDIAN)

4. STUDENT CODE OF CONDUCT – RESTORATIVE PRACTICE

Restorative Practice: *All staff will deal with all incidents in a restorative manner. Restorative Practice allows students to discuss with a teacher, ways of restoring good relationships with others so that all involved can feel valued and included in the process. Students are asked to think about how their actions affect others and about how they would like to be thought of by others. Students are given an opportunity to apologise, correct the situation, and move on.*

However: *If Restorative Practice is not accepted by the student, then other measures will be initiated in line with the Department of Education Student Engagement Policy and may involve involvement in a Behaviour Management Program.*

* In some instances, depending on the seriousness of the behaviour, a child may go straight to *Student Engagement Policy*. Teachers will contact Parents if this becomes necessary.

I have read Newcomb Primary School Student Code of Conduct / Consequences and will support the school process.

SIGNED _____ (PARENT/GUARDIAN)

5. INTERNET AND EMAIL – ACCEPTABLE USE POLICY

Access to the internet and e-mail facilities is a privilege. Inappropriate use will result in a loss of that privilege. Please read and discuss these guidelines with your child.

- Only school approved sites may be accessed
- **Netiquette** – Always send messages that are polite. When you are on-line you are representing Newcomb Primary School.
- **Privacy** – don't include any personal information like your full name, home address or phone numbers. Let your teacher know if any person is asking for personal information.
- **Copyright** – Respect other people's ownership of their work and do not copy it without permission.
- **Privacy of Others** – Do not access the files of other students or staff.
- **Internet use** – Do not use it at school without teacher approval.

I have discussed these guidelines with my child.

SIGNED _____ (PARENT/GUARDIAN)

6. DISPENSING OF MEDICATION

I understand that;

- It is my responsibility to inform the school of any medication/management plans for my child (e.g. Asthma, ADD)
- Where students require ongoing medication, this will be administered through the first aid attendant or Schools Services Officer, with parents being responsible for providing accurate written information and doctor's authorisation regarding dispensation. All medication bottles should be clearly labelled with students name and required dosage in the original bottle.
- Where students require short-term medication, this needs to be administered at home (i.e. before/after school). Alternatively, parents are welcome to come to the school to administer medication.
- All medication to be handed into the office and a separate Medication Form to be completed for each child.

SIGNED _____ (PARENT/GUARDIAN)

7. STUDENT MEDICAL DETAILS

I wish to update the medical details given about my child Yes No

If YES, please outline any changes to your child's health status and/or medication that the school should be aware of.

.....

8. CHANGE OF EMERGENCY CONTACT DETAILS

Please fill in this section **only** if there has been a change to the emergency contact details given last year.

Home address

Phone No

EMERGENCY CONTACT 1:

EMERGENCY CONTACT 2:

Name Name

Phone No Phone