

# Glengarry Primary School

## GENERAL PERMISSION FORM

CHILD'S NAME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

From this day forward, until further notice-

I give permission for staff to administer <b>medication</b> (upon my written authorisation and dosage requirements) when required for my child. All medication should be handed in to the school office.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to be inspected <b>for head lice</b> by trained personnel when deemed necessary by the school.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to watch <b>PG rated DVD's/Movies</b> deemed appropriate by their teacher.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to go on <b>local excursions</b> in the Glengarry area within walking distance from the school, under teacher supervision.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child's <b>photo with or without name</b> to appear in either the schools Facebook page, website, or in local newspapers (online).	Yes <input type="checkbox"/> No <input type="checkbox"/>

PARENT/GUARDIAN'S SIGNATURE.....

DATE.....

Website: [www.gps.vic.edu.au](http://www.gps.vic.edu.au)