



respect



resilience



collaboration



progress



joy

GENERAL PERMISSION FORM

CHILD'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

From this day forward, until further notice-

I give permission for staff to administer medication (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 for head lice 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 PG rated DVD's/Movies deemed appropriate by their teacher.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to go on local excursions 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 photo with or without name 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