Permission Form for Media Publications, Local Excursions, Head Lice.

MEDIA PUBLICATIONS

I ...................................................................................................................... give permission for

my child ........................................................................................................ to have his/her
photograph used in publications / media / school website.

Signed: ................................................................. Date: .........................
(Parent/Guardian)

LOCAL EXCURSIONS

Prior notice will be given, allowing you time to decide on each individual excursion.

I ...................................................................................................................... give permission for

my child ........................................................................................................ to attend local excursions, nature
walks, films and performing arts shows that are part of the school program. I authorise the
teachers in charge of these excursions to consent, where it is impracticable to communicate
with me, to the child receiving such medical or surgical treatment as may be deemed
necessary.

Signed: ................................................................. Date: .........................
(Parent/Guardian)

HEAD LICE CHECK

I ...................................................................................................................... give permission for

my child ........................................................................................................ to have his/her head checked
for head lice by a nurse from the Latrobe City Health Department.

Signed: ................................................................. Date: .........................
(Parent/Guardian)

** PLEASE NOTE – ONE FORM PER CHILD TO BE COMPLETED AND RETURNED TO THE
OFFICE AS SOON AS POSSIBLE PLEASE. Thank You.**