

Consent for my child to work with the Pastoral Care Worker

DECD policies require that students must have written informed parental consent to receive ongoing individual, personal assistance from a Pastoral Care Worker.

Parents are asked to complete their child's name, tick Yes or No below, sign

this f	form,	and retu	ırn it to the (class tead	cher by	riday We	ek 3.		
Stud	lent 1	Name							
Clas	s								
Ther tead heal limits not p	efore ching Ith ar s of p orese	e the Pas y staff of a nd wellbe privacy a ent. I am	teachers re toral Care V all matters re eing and wi nd confider aware too to child pro	Worker is in elated to all ensure in the interior of the elation o	required duty of my child any con	to confidence care and is aware oversation of the control of the c	entially studer of the s at whic	inform nt learn scope (ch a te	n ning, and acher is
YES		person	onsent for r al assistanc n content)	e from th	e Pastor	al Care Wo	orker (i		
YES		l give c	onsent for r al assistanc n content)	e from th	e Pastor	al Care Wo	orker (
NO		I do not give consent for my student to seek and obtain individual personal assistance from the Pastoral Care Worker at Port Broughton Area School.							
l giv	е со	nsent for	my child to	:					
- 1	YES	□ NO	Attend no	n-religio	us lunch	time grou	ps and	l/or ac	tivities
for tl	he di nge	uration o	rding acce f this studer ent at any t ce.	nt's time o	at the scl	nool. I unc	derstan	id I car	1
				arent signat				/	/201_