



Government
of South Australia

Department for Education
and Child Development

PORT BROUGHTON AREA SCHOOL

Student Consent Form



Port Broughton Area School

Childs Name

<p>Circle yes when you have read the information or answer each question yes or no if you give consent to that item. Sign the bottom of the sheet. Once given, your consent continues from year to year unless you contact us in writing to change it.</p>	<p>Please circle your choice</p>
<p>HEADLICE Occasionally we experience an outbreak of Head Lice within the School. Children who are found to be infested are required to be treated and must not return to School until this treatment has been carried out.</p>	<p>Yes</p>
<p>LOCAL EXCURSION Sometimes teachers will take students on local excursions around the neighbourhood. These activities are related to learning areas in their curriculum at the time of excursion. <u>I give permission</u> for my child to be involved in short walking excursions in the immediate neighbourhood.</p>	<p>Yes / No</p>
<p>SUNSCREEN <u>I give permission</u> for my child to have sunscreen applied, when it is supplied by the school, for excursions or special events.</p>	<p>Yes / No</p>

Please fill in both sides of this form

Signed.....(Parent or Guardian)

Date.....