Dear Parents/Guardians

Each year parental permission must be granted for students to participate in a variety of activities. Below you will find a detailed description of the activity. To ensure your child is able to participate please sign the relevant sections giving your approval and cross out or circle the relevant sections if applicable. Verbal approval will not be accepted.

Should you require further explanation of the relevant sections, please see Cindy in the office.

**LOCAL EXCURSION**

Outings, within walking distance of the school, without cost form an ongoing part of the curriculum. To avoid unnecessary paperwork for both yourself and staff, this approval allows your child to attend all local excursions during the year. An example would be the Eildon Police station.

**PG RATED MOVIES YEARS P – 6**

Throughout the year teachers may provide an opportunity for students to experience film as part of the arts program. Some of the films may be PG. If you have any questions, please contact your child’s teacher. Students without consent will be given alternative work at another location.

**INTERNAL/EXTERNAL MEDIA**

To celebrate the achievements and efforts of all students, the school would like to mention their participation in a variety of ways. In order to comply with the Privacy Act, approval is required to display photos of students and their work during the course of the school to capture all the learning opportunities they experience. It also becomes a historic record for future reference. This includes photographs, footage taken by media including newspaper, TV and school website.

Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **LOCAL EXCURSIONS** | **I do/do not**  give my child permission to be included in all local excursions.  I also authorise the teacher in charge, to provide such medical or surgical treatment as may be deemed necessary for my child when it is not possible to communicate with me. | Signed: ………………………….……..  Date: ……………..…………………….. |
| **PG RATED MOVIES** | **I** **do/do not**  give my child permission to watch PG rated movies at the discretion of the teacher. | Signed: ………………….……………..  Date: ………..………………………….. |
| **MEDIA**  I acknowledge that photographic, video and audio recordings of students and their work are used as part of the normal school activities and I authorise the use or reproduction of any such recording without being entitled to remuneration or compensation.  I understand that this agreement lasts for the entire year and that should I wish to withdraw this authorisation, or any part thereof, it will be my responsibility to inform the Principal.  I have read the information regarding school photographs and publications in relation to my child and hereby give my consent as per the four sections as outlined. | VIDEO PRODUCTION OF SCHOOL EVENTS, PERFORMANCES & PRODUCTION  **I do/do not give approval** | Signed: ………………………………..  Date: ………………………………….. |
| MEDIA RELEASES INCLUDING NEWSPAPERS, TV AND THE SCHOOL WEBSITE & EILDON P.S. FACEBOOK PAGE  **I do/do not give approval** | Signed: ………………………………..  Date: ………………………………….. |
| PHOTOGRAPHS &/OR STUDENTS WORK DISPLAYED IN SCHOOL PUBLICATIONS, INCLUDING NEWSLETTERS WHICH ARE PUBLISHED ON THE SCHOOL WEBSITE  **I do/do not give approval** | Signed: ………………..……………..  Date: ………………………………….. |
| PUBLICATIONS OF PHOTOGRAPHS AND SCHOOL WORK AND/OR COMMENTS BY THE PRESS TO PUBLICISE SCHOOL EVENTS AND ACHIEVEMENTS – STUDENTS ARE IDENTIFIED BY NAME AND YEAR LEVEL, UNLESS SPECIFIC PERMISSION HAS BEEN OBTAINED TO FURTHER IDENTIFY STUDENTS.  **I do/do not give approval** | Signed: ………………………………..  Date: ………………………………….. |