



# Stafford State School

Independent Public School

**Please complete the permission & consent forms and return to school**

## Permission Form

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent / Caregiver's permission to attend Swimming

- All children are expected to participate in swimming unless medically unable.
- Your child must provide his or her own costume, towel, swimming cap and sunscreen.
- Children will not be allowed to enter water wearing hair pins, ribbons, rings, ear rings, bangles or other ornaments.
- Our Sunsafe Policy states that children are required to wear a sunsafe shirt or other protective clothing if swimming. Children are encouraged to wear sunscreen for all formal physical education and sporting activities.
- As the medical history of each child will be checked, any outstanding health problems should be indicated below. Should any category be ticked, a medical clearance will be needed to allow your child to swim. Please indicate with 'X' if a history exists for any of the following:

Heart Disease    Epilepsy    Chronic Asthma    Diabetes    Other (please specify) \_\_\_\_\_

I give my permission for my child to attend Swimming

### Parent / Caregiver's permission to view PG Rated Movies

As part of the National Curriculum Syllabus students will be learning about biographies, autobiographies and the ways in which authors use different language methods to create images in their text. As part of this, students will at times, be required to view movies with PG rating. Movies are of suitable context and content. This permission is relevant when students are in years 4-6.

I give my permission to view PG movies.

I do not give permission to view PG movies

### Parent / Caregiver's permission for participation in Special Events

Your child may be involved in activities related to the curriculum that commemorates or celebrates events throughout the year such as ANZAC Day, Easter Hat Parade and Remembrance Day.

I understand that this permission will remain for the time my child \_\_\_\_\_ is a student at Stafford State School. **I also understand that if circumstances change in the future and I wish to withdraw my consent, it is my responsibility to contact Stafford State School in writing and inform them of my wishes.**

I give my permission for my child to attend Special Events

I do not give permission for my child to attend the following events: \_\_\_\_\_

### Parent / Caregiver's permission to attend Religious Instruction

Do you want your child to participate in religious instruction?       No       Yes

If 'Yes', please nominate the religion: \_\_\_\_\_

Parent or Caregiver's Name

Signature

Date