



St Mary's Parish School Warren
School General Permission Note

DEAR PARENT/CARER

Please fill in all details to ensure our records are current.

Mother's Name		Father's Name	
Address		Address	
Home Phone		Home Phone	
Mobile		Email	
Email		Mobile	

As allergies and life situations are often changing, we need to obtain parent/carer permission each year for the following circumstances. Please sign each form and return to school.

Attached to this form is another permission note for your child's use of the internet and websites.

PLEASE CONTACT THE SCHOOL IF ANY INFORMATION NEEDS TO BE CHANGED DURING THE YEAR.

***Walking Excursions**

I give permission for my child

to participate in activities that require leaving the school grounds and walking to a destination.

Signed..... Date.....

Bus Travel

I give permission for my child

to travel by bus within town limits (at no cost) should unforeseen circumstances arise eg if inclement weather.

Signed..... Date.....

***Sunscreen/Insect Repellent/ Anti-Itch Cream or Spray**

My childhas permission

to make use of the sunscreen provided by the school YES NO

and may have insect repellent or anti -itch cream applied when necessary. YES NO

Signed..... Date.....

***Student Images**

I authorise the school to use all forms of media to take photographs, video and sound recordings of my child

These images may be used by the school or the Catholic Education Office of Wilcannia Forbes for the purposes of advertising, promotion, media publicity, publication, display, webpage usage or other use deemed appropriate by the school/Catholic Education Office

Signed..... Date.....

***Asthma/Allergies**

All parents need to provide the school with their child's up-to-date medical information including an Anaphylaxis Action Plan signed by their treating doctor if your child suffers from life threatening allergies or anaphylaxis. This action plan includes the child's photo, allergic triggers, signs and symptoms of a reaction and first aid response/medication. Parents must ensure that all medication (including EpiPens@) are within their expiry date, and replaced during the year when needed.

Please list next to your child's name, if they suffer from asthma or any allergy and the treatment you would like to be applied at school.

Child's Name	Asthma Yes/No	Asthma Treatment	Name of Allergy	Allergy Treatment

Signed..... Date.....

***Afternoon Routine**

PLEASE INDICATE BELOW YOUR CHILD'S USUAL ROUTINE EACH AFTERNOON AS WELL AS THOSE PEOPLE WHO HAVE PERMISSION TO COLLECT YOUR CHILDREN.

eg your child may walk to training some days, catch the bus most days or ride their bike)

Please note that the school must be notified on the day of any change to routine.

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday
eg John Student	Bus	Walk by self	Bus	Collected by Sue Smith	Bike

The following people have permission to collect my child from school.

Signed..... Date.....