



# BURLEIGH HEADS STATE SCHOOL

## PERMISSIONS FORM

STUDENT \_\_\_\_\_

### PARENT/ GUARDIAN CONSENT

#### HEAD LICE

- I agree to abide by the school policy that if my child is suspected of having head lice, I will be contacted to pick them up and appropriately treat their hair prior to returning them to school.

#### MEDICATION

- I understand that if my child needs medication while at school, that school staff will only administer medication if:
- I must complete a School Medication Form
  - I must supply written advice from a medical practitioner
  - I must supply the medication in the original prescription labelled container.

#### ASTHMA

Please tick the appropriate category in which your child's asthma condition is situated:

- Child does not have asthma.
- The child has mild Asthma only. In the event of an attack the child's parent/guardian authorises their child to be administered medication by an adult and understands that a parent or other emergency contact will notified.
- Child is capable to self-administer Asthma medication as needed but with adult supervision.
- Parent/guardian requires that the child's Asthma medication be held at the office and administered by an adult.
- Child proficient to self-administer Asthma medication as needed.

#### ANAPHYLAXIS

My child requires an individual Anaphylactic Action Plan. YES  NO

#### STUDENT'S USE OF THE INTERNET

- I understand my child's responsibilities in regards to the use of the internet. I understand that the school internet gives access to information on computers around the world and I accept that whilst teachers will always exercise their duty of care, protection against exposure to the above must depend finally upon responsible use by students.

#### MEDIA AGREEMENT

I acknowledge that Burleigh Heads State School uploads the weekly newsletter to the school website. Both of these mediums may, at times, include images, first name, class and work samples of my child.

I consent for my child's image, first name, class and work samples to appear in newsletters or on the school website.

YES  NO

#### PRIVACY STATEMENT

I have read the Education Queensland's Privacy Statement.

YES  NO

#### RELIGIOUS EDUCATION

Burleigh Heads State School offers Co-operative Religious Education for 30 minutes a week during school hours for yrs 1-7.

- I agree for my child to attend our Co-operative RE program.

### ELECTRONIC NEWSLETTER

- I understand and agree to receive the weekly Newsletter by email.
- I do not have the internet; however I am aware that my child or I can collect a paper copy from the school office.

I would like the newsletter sent to this email address: \_\_\_\_\_

### CHANGE OF PERSONAL DETAILS

- I agree to notify the School of any changes in personal details (ie: address, contact phone numbers, emails address) immediately so that accurate records can be maintained, particularly in case of emergency.

### EDUCATION SUPPORT

- I have notified the Principal / Deputy at Burleigh Heads State School of any previous Support that my child has received (eg: Learning Support / Special Education Support) from any other school.

### SUSPENSIONS/EXCLUSIONS

- I have notified the Principal / Deputy at Burleigh Heads State School of any previous Suspensions/Exclusions from any other school.

## STUDENT CONSENT

### RESPONSIBLE BEHAVIOUR PLAN FOR STUDENTS

- I agree to follow the school Responsible Behaviour Plan for Students.

### STUDENT DRESS CODE & SUN SAFETY

- I agree to follow the school Student Dress Code & Sun Safety guidelines.

### HOMEWORK

- I agree to follow the school homework guidelines.

### STUDENT'S USE OF THE INTERNET

While I use the Internet:-

- ❖ I **will** use it only for educational purposes.
- ❖ I will **not** look for anything that is illegal, dangerous or offensive.
- ❖ If I do come across an illegal, dangerous or offensive site I will close the browser and immediately and quietly inform the teacher.
- ❖ I will **not** use the email facility unless given specific permission to do so.
- ❖ I will **not** reveal surnames, home addresses or phone numbers – mine or anyone else's.
- ❖ I will **not** use the Internet to annoy or offend or bully anyone else.
- ❖ I **understand** that if the school decides I have broken these rules, appropriate action will be taken. This may include loss of my Internet access for some time.

- I understand and agree to follow the school rules regarding the student's use of the Internet.

**I hereby declare that the information given is true and correct as at the date of enrolment.**

Signed: \_\_\_\_\_  
(Student)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_  
(Parent/Caregiver)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_  
(Burleigh Heads State School Administration)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_