

Child's name: _____ **Year level upon enrolment:**

1. ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at school, on walking excursions (including local walking excursions) or travelling to and from school

I hereby authorise the Principal or teacher in charge of my child where the Principal or teacher cannot contact me, to consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner and to be administered such first aid as the Principal or staff member may judge to be reasonably necessary.

Name of parent/guardian giving permission _____

Signature: _____ Date: _____

2. PERMISSION FOR EMAIL COMMUNICATION FROM CLASS COMMUNITY REPRESENTATIVE

All year level classes have a nominated parent Class Community Representative who is the communication for that class and will send out regular email notifications and announcements in relation to your child's class. Please give your email and permission below if you would like to be on this email list.

I hereby give my permission to receive email communication from the Class Community Representative of my child's class

Parent/guardian's email address: _____

Name of parent/guardian giving permission _____

Signature: _____ Date: _____