



GENERAL CONSENT FORM

General Walking Note

The school seeks permission for your child to walk to locations within the local community for various school activities.

Each year, students walk to local parks or Newington College for sport, to Stanmore Library for Book Week events, to the nearby nursing home to perform or to other places of interest as part of the work that is being done in class. A number of these events, such as the cross country carnival, include all students in particular years or stages. Students are always accompanied and supervised by teaching staff on these local excursions. Mostly, there is no cost associated with local walking excursions.

Drug Education & Child Protection Programs

The school seeks permission for your child to participate in specific programs in Drug Education and Child protection each year. Because these programs deal with sensitive matters, we are required to seek permission for your child to participate.

The content of these programs has been designed by the NSW Department of Education and is age appropriate. The content builds on what was covered in previous years so that by the end of primary school students have a sound understanding of the issues involved. If you require more information about the content, you can ask your child's teacher.

Medical Consent

The school seeks permission to seek medical attention for your child in the event that he/she is injured or becomes seriously ill at school and the school is unable to contact parents, guardians or any of the emergency contacts provided.

The above mentioned programs have the approval of the principal and the Department of Education.

This permission applies for the duration of his/her schooling at Stanmore Public School: however your permission can be withdrawn at any time simply by contacting the school.

Please contact the Principal on 9569 1638 if you require any further information prior to giving permission.

Student's name: Current class:

- I give permission for my child to participate in walking excursions within the local area.
- I give permission for my child to participate in and the Drug Education & Child Protection Programs.
- I give permission for the school to seek Medical Attention if the school is unable to contact parents, guardians or any of the emergency contacts provided.

Print name: Sign: Date:/...../.....