

ST JOSEPH'S PRIMARY SCHOOL

Telephone: 02 6959 2238
Email: sjn-info@ww.catholic.edu.au
Website: www.sjnww.org



P.O. Box 248
85 Larmer Street
NARRANDERA NSW 2700

Student name: _____

Class: _____

Please tick one box in each section

EXCURSION CONSENT FORM	
<input type="checkbox"/>	I / we give my consent for my child to participate in minor excursions involving leaving the school grounds for the whole of 2018 school year and agree to delegate my authority to the staff and instructors involved. Some examples of such excursions include: Picnic in the park; Visiting a venue in Narrandera; Sporting activities; School performance. Such teachers and instructors may take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students as a group or individually. I / we also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I also understand, as a parent, I will be notified by the school as soon as possible if this situation arises. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.
<input type="checkbox"/>	I / we DO NOT give consent for my child to participate in minor excursions for the 2018 school year.
MEDIA & COMMUNICATIONS PERMISSION	
<input type="checkbox"/>	I / we authorise the school to take and use photographs, video or sound recordings of the student for the 2018 school year. These items may be used by the school or the Catholic Schools Office Diocese of Wagga Wagga for the purposes of advertising, promotion, media publicity, social media, publication, display, web page usage or other use deemed appropriate by the school / Catholic Schools Office. Publications will always be at the Principals discretion. If circumstances change, I / we undertake to inform the school if there is a need to rescind this media and communications permission.
<input type="checkbox"/>	I / we DO NOT authorise use of the student's image as outlined above.
INTERNET USE PERMISSION	
<input type="checkbox"/>	I / we give permission for the student to use the Internet/Classroom Blog at school under the conditions set by the school.
<input type="checkbox"/>	I / we DO NOT give permission for the student to use the Internet at school at this time. I understand I may grant permission at a later date.

Parent / caregiver name: (please print) _____

Signature: _____

Date _____