



ST THOMAS' PRIMARY SCHOOL

PO BOX 123
 TERANG VIC 3264
 Phone: 55921925 Fax: 55921691
 Email: principal@stterang.catholic.edu.au

Parent/Guardian Authority & Consent Form

This form is valid from 1st January 2020 until 31st December 2020.

Child's Full Name 1		Date of birth	Grade/class
Child's Full Name 2		Date of birth	Grade/class
Child's Full Name 3		Date of birth	Grade/class

Who lives at home?	<i>Both parents Guardian</i>	<i>Father only Other (please specify)</i>	<i>Mother only</i>

Father's Name		Home ☎ Residential Address	
Current Occupation			
Employer		Postal Address	
Work ☎		Fax	
Mobile			
Email			

Mother's Name		Home ☎ Residential Address	
Current Occupation			
Employer		Postal Address	
Work ☎		Fax	
Mobile			
Email		<i>If mother's details are the same write "as above"</i>	

1. In the case of an illness, every endeavour will be made to contact parents or should parents be unavailable, the following **emergency contacts**.

Full Name(s)		Family Doctor		☎
Address		Family Dentist		☎
Relationship to Child/ren		Health Fund		
Emergency ☎		Health Fund No.		
		Medicare No.		
		Ambulance Fund	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			No.	

2. I consent to my child/ren participating in excursions which involve activities within walking distance of the school. I understand that I will need to complete a separate form if the activity involves bus/car transport or is one that involves a higher risk (eg swimming program).
In case of inclement weather the children will take a bus. Please note you may not be advised of this change due to the decision being made at the last minute.
3. **I consent to the school seeking such medical or dental advice on behalf of my child/ren as it sees fit in the event of an emergency, accident or illness.**
4. **In the event that I am unable to be contacted, I consent to a medical or dental practitioner or medical officer giving attention or treatment as deemed necessary in their medical opinion. This treatment may include, but is not limited to, blood transfusion, the administration of anaesthetic and surgery.**
5. I certify that the consent which I have given in **paragraph 3 & 4** is valid at all times while my child is in the custody of the school, including
 - a. when my child/ren is at school.
 - b. when my child/ren is attending or participating in a school outing, excursion or function.
6. I understand that the school will take all reasonable care in the event of my child/ren suffering an accident or illness, but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child/ren in such an event. Nor will the school be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child/ren.
7. I understand that the school will not be held liable for ambulance or other transport costs. *(Parents are strongly encouraged that they be current subscribers to an ambulance scheme. Ambulance subscriptions can be claimed from some Hospital /Medical Funds.)*
8. Headlice is a problematic condition faced by all school communities. In order to best manage known treatments we request permission to respectfully examine your child/ren's hair in order to advise parents. *(Usually carried out by trained volunteer staff).*

Signature: _____ Date: ___/___/___

9. I give permission for my contact details to be provided for a school contact phone list which is distributed to staff and several P&F members.

Signature: _____ Date: ___/___/___

10. I give permission for my name and address and my year 6 child's name to be provided to Mercy Regional College Secondary School Camperdown.

Signature: _____ Date: ___/___/___

Declaration: I, as legal guardian of the above-mentioned child/ren, declare that ***I have read and given consent to all matters*** contained on both sides of this form. I understand that my consent will remain valid up to and including 31st December 2020.

Signature: _____ Date: ___/___/___