

# Hendon Primary School-OSHC — Enrolment Form

CEDAR AVE, ROYAL PARK 5014

Phone: 0411138945 or 83453190

Fax:84451493

Email: hendon.oshc490@schools.sa.edu.au

*This information is confidential and will be available to supervising staff and emergency personnel.*

## FAMILY DETAILS

| <i>Guardian 1</i>  | <i>Guardian 2</i>                       |
|--|---|
| Family Name  | Family Name                             |
| Given name   | Given name                              |
| Relationship to the child/children                             | Relationship to the child/children      |
| Birth date (legally required)                                  | Birth date                              |
| CRN number<br><small>(Must be different from children)</small> |   |
| Home Address   | Home Address                            |
| Postal Address   | Postal Address                          |
| Mobile number  | Mobile number                           |
| Home number  | Home number                             |
| Email address  | Email address                           |
| Place of work / study  | Place of work / study                   |
| Occupation / Field of study                                    | Occupation / Field of study             |
| Address of Work / Study  | Address of Work / Study                 |
| Work phone number  | Work phone number                       |
| Medicare Number  | Medicare Number                         |
| Health Care Card Number (if applicable)                        | Health Care Card Number (if applicable) |

## CUSTODY/ACCESS

Are there any Family Court Orders?

No / Yes (Please attach a copy of the order)

Are there any Restraining Orders in relation to the child/children?

No / Yes (please attach a copy of the order)

Comments.....

***Please note: It is the parent's responsibility to inform the OSHC staff of any relevant and useful information that is in relation to the child or the family. This allows the OSHC staff to provide informed quality care for your child/children***

## EMERGENCY CONTACTS

(If parent/guardian cannot be contacted, emergency contacts will be notified)

### I Authorise contact 1 to (please tick the areas for authorisation)

|  |   |                        |
|--|---|------------------------|
| Given Name   | Address   |                        |
| Family Name  | Phone number  | Relationship to family |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Be notified of an emergency involving your child should any guardian or parent is unable to be immediately contacted  |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Collect my child from the Centre  |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Consent to medical treatment or to authorise administration of medication to my child including treatment by a medical practitioner or transportation by an ambulance should I not be contactable in the event of a medical emergency |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Give an education the authority to take your child for emergency medical treatment should not be contactable in the event of a medical emergency  |                        |

### I Authorise contact 2 to (please tick the areas for authorisation)

|  |   |                        |
|--|---|------------------------|
| Given Name   | Address   |                        |
| Family Name  | Phone number  | Relationship to family |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Be notified of an emergency involving your child should any guardian or parent is unable to be immediately contacted  |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Collect my child from the Centre  |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Consent to medical treatment or to authorise administration of medication to my child including treatment by a medical practitioner or transportation by an ambulance should I not be contactable in the event of a medical emergency |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Give an education the authority to take your child for emergency medical treatment should not be contactable in the event of a medical emergency  |                        |

### I Authorise contact 3 to (please tick the areas for authorisation)

|  |   |                        |
|--|---|------------------------|
| Given Name   | Address   |                        |
| Family Name  | Phone number  | Relationship to family |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Be notified of an emergency involving your child should any guardian or parent is unable to be immediately contacted  |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Collect my child from the Centre  |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Consent to medical treatment or to authorise administration of medication to my child including treatment by a medical practitioner or transportation by an ambulance should I not be contactable in the event of a medical emergency |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Give an education the authority to take your child for emergency medical treatment should not be contactable in the event of a medical emergency  |                        |

GUARDIAN FULL NAME \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Please note: It is the parent's responsibility to inform the OSHC staff of any relevant and useful information that is in relation to the child or the family. This allows the OSHC staff to provide informed quality care for your child/children.**

**CHILD/CHILDRENS DETAILS**

| <i>Child 1</i>   | <i>Child 2</i>  | <i>Child 3</i>  |
|--|---|---|
| Family Name  | Family Name   | Family Name   |
| Child's given name   | Child's given name  | Child's given name  |
| Residential Address<br><small>(If the same as guardian please write 'same as guardian')</small>  | Residential Address<br><small>(If the same as guardian please write 'same as guardian')</small> | Residential Address<br><small>(If the same as guardian please write 'same as guardian')</small> |
| Birth Date   | Birth Date  | Birth Date  |
| CRN number<br><small>(Must be different from the other children and guardian)</small>  | CRN number<br><small>(Must be different from the other children and guardian)</small>           | CRN number<br><small>(Must be different from the other children and guardian)</small>           |
| Gender   | Gender  | Gender  |
| School   | School  | School  |
| Year Level   | Year Level  | Year Level  |
| Room Number  | Room Number   | Room Number   |
| Teacher  | Teacher   | Teacher   |
| <p><b>DO YOUR CHILDREN ATTEND CARE ELSEWHERE?</b></p> <p>If your children attend care elsewhere (which includes LDC, OSHC, FDC, etc.) you might be using more than your allowable hours from Centrelink, please let us know so we can best assist you with your child / children's bookings.</p> <p>YES / NO</p> |   |   |
| <p><b>WHAT IS YOUR CULTURAL BACKGROUND?</b></p> <hr/>  |   |   |
| <p><b>WHAT IS YOUR CHILD/CHILDREN'S PRIMARY LANGUAGE USED AT HOME?</b></p> <hr/>   |   |   |
| <p><b>ANY SPECIAL CONSIDERATIONS FOR THE CHILD, SUCH AS CULTURAL OR RELIGIOUS REQUIREMENTS.</b></p> <hr/>  |   |   |

MEDICAL AND HEALTH INFORMATION

| <i>Child 1</i>  | <i>Child 2</i>  | <i>Child 3</i>  |
|---|---|---|
| <p>Full name _____</p> <p>Has the child received all (age appropriate) immunisations?<br/>YES/NO _____</p> <p>I accept full responsibility if my child is not immunised.</p> <p>Parent/Guardian signature: _____</p> <p>(If child is immunised, please write N/A)</p>   | <p>Full name _____</p> <p>Has the child received all (age appropriate) immunisations?<br/>YES/NO _____</p> <p>I accept full responsibility if my child is not immunised.</p> <p>Parent/Guardian signature: _____</p> <p>(If child is immunised, please write N/A)</p>   | <p>Full name _____</p> <p>Has the child received all (age appropriate) immunisations?<br/>YES/NO _____</p> <p>I accept full responsibility if my child is not immunised.</p> <p>Parent/Guardian signature: _____</p> <p>(If child is immunised, please write N/A)</p>   |
| <p>Has the child received the following immunisations? (Please circle Y or N):</p> <p style="text-align: center;">4 years old children</p> <p>Diphtheria Y / N<br/>Tetanus Y / N<br/>Polio Y / N<br/>Pertussis (whooping cough) Y / N<br/>Hepatitis B Y / N<br/>Diphtheria Y / N</p> <p style="text-align: center;">10-15 Years</p> <p>Diphtheria Y / N<br/>Tetanus Y / N<br/>Varicella (chickenpox) Y / N<br/>Pertussis (whooping cough) Y / N<br/>Hepatitis B Y / N<br/>Human Papillomavirus Y / N</p>  | <p>Has the child received the following immunisations? (Please circle Y or N):</p> <p style="text-align: center;">4 years old children</p> <p>Diphtheria Y / N<br/>Tetanus Y / N<br/>Polio Y / N<br/>Pertussis (whooping cough) Y / N<br/>Hepatitis B Y / N<br/>Diphtheria Y / N</p> <p style="text-align: center;">10-15 Years</p> <p>Diphtheria Y / N<br/>Tetanus Y / N<br/>Varicella (chickenpox) Y / N<br/>Pertussis (whooping cough) Y / N<br/>Hepatitis B Y / N<br/>Human Papillomavirus Y / N</p>  | <p>Has the child received the following immunisations? (Please circle Y or N):</p> <p style="text-align: center;">4 years old children</p> <p>Diphtheria Y / N<br/>Tetanus Y / N<br/>Polio Y / N<br/>Pertussis (whooping cough) Y / N<br/>Hepatitis B Y / N<br/>Diphtheria Y / N</p> <p style="text-align: center;">10-15 Years</p> <p>Diphtheria Y / N<br/>Tetanus Y / N<br/>Varicella (chickenpox) Y / N<br/>Pertussis (whooping cough) Y / N<br/>Hepatitis B Y / N<br/>Human Papillomavirus Y / N</p>  |
| <p>Does your child have a health care need that could affect their safety at Out of school Hours Care?</p> <p>Asthma Y / N<br/>Epilepsy Y / N<br/>Seizures/convulsions Y / N<br/>Heart Disorder Y / N<br/>Vision Impairment Y / N<br/>Allergies (e.g. bees, peanuts dairy) Y / N<br/>Diabetes Y / N<br/>Incontinence Y / N<br/>Joint Disorder (e.g. arthritis) Y / N<br/>Ear Disorder (e.g. arthritis) Y / N<br/>Hearing Impairment Y / N<br/>Communication difficulties Y / N<br/>Skin condition (e.g. dermatitis) Y / N<br/>Swallowing/choking difficulties Y / N</p> | <p>Does your child have a health care need that could affect their safety at Out of school Hours Care?</p> <p>Asthma Y / N<br/>Epilepsy Y / N<br/>Seizures/convulsions Y / N<br/>Heart Disorder Y / N<br/>Vision Impairment Y / N<br/>Allergies (e.g. bees, peanuts dairy) Y / N<br/>Diabetes Y / N<br/>Incontinence Y / N<br/>Joint Disorder (e.g. arthritis) Y / N<br/>Ear Disorder (e.g. arthritis) Y / N<br/>Hearing Impairment Y / N<br/>Communication difficulties Y / N<br/>Skin condition (e.g. dermatitis) Y / N<br/>Swallowing/choking difficulties Y / N</p> | <p>Does your child have a health care need that could affect their safety at Out of school Hours Care?</p> <p>Asthma Y / N<br/>Epilepsy Y / N<br/>Seizures/convulsions Y / N<br/>Heart Disorder Y / N<br/>Vision Impairment Y / N<br/>Allergies (e.g. bees, peanuts dairy) Y / N<br/>Diabetes Y / N<br/>Incontinence Y / N<br/>Joint Disorder (e.g. arthritis) Y / N<br/>Ear Disorder (e.g. arthritis) Y / N<br/>Hearing Impairment Y / N<br/>Communication difficulties Y / N<br/>Skin condition (e.g. dermatitis) Y / N<br/>Swallowing/choking difficulties Y / N</p> |
| <p>Other information to help us best care for your child Y / N<br/>If you answered yes to any of the above, please give details _____</p> <p>_____</p> <p>_____</p>   | <p>Other information to help us best care for your child Y / N<br/>If you answered yes to any of the above, please give details _____</p> <p>_____</p> <p>_____</p>   | <p>Other information to help us best care for your child Y / N<br/>If you answered yes to any of the above, please give details _____</p> <p>_____</p> <p>_____</p>   |

|   |   |   |
|---|---|---|
| <p>Health Care Plan</p> <p>Out of School Hours Care staff need a written health care plan from your child's doctor/treating health professional to plan for any special health needs. Have you attached the health care information from your child's doctor/treating health professional?</p> <p style="text-align: right;">Y / N</p> <p>If No, staff will provide standard supervision for safety &amp; first aid</p> <p>If YES write down what you have attached (e.g. asthma care plan; details about ear care)</p> <p>_____</p> <p>_____</p> | <p>Health Care Plan</p> <p>Out of School Hours Care staff need a written health care plan from your child's doctor/treating health professional to plan for any special health needs. Have you attached the health care information from your child's doctor/treating health professional?</p> <p style="text-align: right;">Y / N</p> <p>If No, staff will provide standard supervision for safety &amp; first aid</p> <p>If YES write down what you have attached (e.g. asthma care plan; details about ear care)</p> <p>_____</p> <p>_____</p> | <p>Health Care Plan</p> <p>Out of School Hours Care staff need a written health care plan from your child's doctor/treating health professional to plan for any special health needs. Have you attached the health care information from your child's doctor/treating health professional?</p> <p style="text-align: right;">Y / N</p> <p>If No, staff will provide standard supervision for safety &amp; first aid</p> <p>If YES write down what you have attached (e.g. asthma care plan; details about ear care)</p> <p>_____</p> <p>_____</p> |
| <p>Medication</p> <p>Does your child have any routine health care needs (e.g. medication)? Y / N</p> <p>If yes, please attach a medication plan from your doctor or treating health care professional.</p>  | <p>Medication</p> <p>Does your child have any routine health care needs (e.g. medication)? Y / N</p> <p>If Yes, please attach a medication plan from your doctor or treating health care professional.</p>  | <p>Medication</p> <p>Does your child have any routine health care needs (e.g. medication)? Y / N</p> <p>If Yes, please attach a medication plan from your doctor or treating health care professional.</p>  |
| <p>Dietary Requirements</p> <p>Are there any dietary requirements related to your child? Y / N</p> <p>If yes, please give details</p> <p>_____</p> <p>_____</p>   | <p>Dietary Requirements</p> <p>Are there any dietary requirements related to your child? Y / N</p> <p>If yes, please give details</p> <p>_____</p> <p>_____</p>   | <p>Dietary Requirements</p> <p>Are there any dietary requirements related to your child? Y / N</p> <p>If yes, please give details</p> <p>_____</p> <p>_____</p>   |
| <p>Special aids or equipment</p> <p>Does your child need special aids or equipment (e.g., glasses, hearing aids)</p> <p>If yes, please give details</p> <p>_____</p> <p>_____</p>   | <p>Special aids or equipment</p> <p>Does your child need special aids or equipment (e.g., glasses, hearing aids)</p> <p>If yes, please give details</p> <p>_____</p> <p>_____</p>   | <p>Special aids or equipment</p> <p>Does your child need special aids or equipment (e.g., glasses, hearing aids)</p> <p>If yes, please give details</p> <p>_____</p> <p>_____</p>   |
| <p>FAMILY DOCTOR OR PRACTICE INFORMATION</p> <p>Name _____ Phone number _____</p> <p>Address _____</p>  |   |   |

#### IMPORTANT INFORMATION

- All medication must be supplied in the original container.
- All medication must have a pharmacy label.
- All medication must have the child's name clearly marked on the container.
- A permission to administer medication form must be signed by the guardian/doctor before medication can be administered by OSHC staff or self-administered by a child over 8 years of age.

GUARDIAN FULL NAME \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

## INFORMATION FOR PARENTS

### Child Participation

I give consent for my child/children to participate in the OSHC program and understand that OSHC staff will notify parents/guardians of each individual excursion.

I give consent for my child/children to attend after school activities held on the school ground or leaving the school ground with the primary school staff e.g. homework club etc.

I understand it is my responsibility to advise staff if I do not wish my child/children to participate in a particular activity. Excursions are the exception, as that is the only planned activity programmed for that day.

### Child Information

I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s) (e.g. In an emergency/ special needs of my child/children, and behavior management plans).

### Written permission

I understand that OSHC staff require written consent for my child/children to travel alone to and from the OSHC service. I am aware that the Director or other qualified staff members will sign my child/children in and out of the service and the arrival and departure times will be noted.

### Photo consent

I consent to photographs (still or video) being taken of my child/children as part of the OSHC program and to be displayed around the OSHC site on display boards and in Seesaw App and the school newsletter.

### Work Consent

I consent to my child's work being published in an OSHC newsletter and displayed in the OSHC area

### Movies

I consent for my child/ren to view videotapes/movies/DVDs which are rated (F) Family, (G) General and (PG) Parental Guidance.

### OSHC Behaviour Management

The OSHC program has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviours, children who are displaying violent or aggressive behaviour towards other children and staff will be excluded from the program, in line with the School / OSHC Behaviour Management Policy. I understand that it is the responsibility of the parent to inform the OSHC staff of the child's behaviour needs. ( A copy of the behaviour management process is available in the OSHC Policy Folder).

### Permission to inspect for Head Lice

The South Australian health commission recommends that everyone check their hair every week for head lice.

Checking and treating hair is by law a parent's responsibility.

I understand that I will need to collect my child, if OSHC supervising staff members believe that my child has head lice. I understand it is my responsibility to arrange collection of my child from OSHC when notified.

### Sun Protection

OSHC follows the guidelines of the Cancer Council Sun Smart program that recommends children wear appropriate hats while outside. All children and staff must wear an appropriate hat. Information on appropriate hats is available from OSHC. We follow the No Hat/No Play policy. In line with the school Sun safe policy, hats must be worn Term 1 and Term 4

### Fees

In accordance with the service policies, I agree to pay the required fees for my child's/children's booked care for OSHC. I agree to pay all extra costs relating to Outstanding fees and Late fees as well as excursion costs. I understand that Child Care Subsidy is available through the Family Assistance Office to assist the cost of my Child Care Fee.

Fees may change in line with our Policies and Procedures

### Medical Emergency

In the event of a medical emergency, OSHC staff will call an ambulance in line with standard first aid training. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs.

I give consent for my child/ren to be taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury.

ACECQA

I am aware that Hendon Primary School OSHC is registered With the Australian Children's Education and Care Quality Authority. Hendon OSHC strive to make continuous improvements and keep the Quality Improvement Plan up to date (QIP) following the National Quality Framework rating and assessment process

Privacy Act

I understand the information provided on this Enrolment/Medical Form:  
Is collected for the purpose of registration, program planning, preparing statistics, reporting and evaluation May be disclosed to and used for the purposes by Commonwealth and State government departments and their agencies May otherwise be disclosed without consent where authorised or required by law.

Information to Parents

I have read the OSHC Family Information Package and agree to comply with the OSHC service policies and procedures outlined. Full information on OSHC policies, procedures and guidelines will be located in the OSHC room.

Hendon Primary School Service aims to provide a quality Out of School Hours Care service at an affordable price to parents who have children eligible to attend under the Commonwealth Government Priority of Access Guidelines,

Due to increasing costs fees are reviewed regularly and are subject to change, parents will be notified prior to these changes taking place. Fee levels will be set by the operator/management committee each year, on completion of the annual budget and according to the service's required income.

When OSHC fees are outstanding over \$100 or more after a three-week period, accounts will be forwarded to the debt collection agency.

A NOTE FROM THE OUT OF SCHOOL HOURS CARE  
MANAGEMENT COMMITTEE

Dear Families

Invoices are sent out weekly and payment is required within 7 days after the date of the invoice. After three reminders the matter will be put in the hands of a debt collection agency without any further notice, at which time children will be excluded from the OSHC program. Families who are experiencing financial hardship at any particular time, please contact the Director to negotiate a staged payment plan. Parents with children attending OSHC are required to sign that they have read and agreed to the payment policy, this is located on your child/rens enrolment form. Please note: You shall pay for all costs incurred by Hendon OSHC (including costs that Hendon OSHC Inc may be contingently liable) in any attempt to collect any monies owed by you.

I have read and acknowledge the Policy on FEES AND DEBT COLLECTION.

GUARDIAN FULL NAME \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

## BOOKINGS

For care to commence between both parties (Parent/ Guardian and service provider (Hendon OSHC) both need to agree to the following arrangement types.

- Written Arrangements: Care that will be regular booking both permanent and casual
- Relevant Arrangement: Care in which you won't be claiming Child Care Subsidy (CCS)
- Arrangement with an organisation: where fees are paid by another organisation (ACCS or PEA)

If you have any questions regarding the above, please contact OSHC director or Centrelink.

| <i>Child 1</i>   | <i>Child 2</i>   | <i>Child 3</i>   |
|--|--|--|
| Full name _____  | Full name _____  | Full name _____  |
| Commencement date _____  | Commencement date _____  | Commencement date _____  |
| Which arrangement type will you follow?<br><br>Written Arrangement Y / N<br>Relevant Arrangement Y / N<br>Arrangement with an organisation Y / N<br><br>Parent/Guardian signature: _____   | Which arrangement type will you follow?<br><br>Written Arrangement Y / N<br>Relevant Arrangement Y / N<br>Arrangement with an organisation Y / N<br><br>Parent/Guardian signature: _____   | Which arrangement type will you follow?<br><br>Written Arrangement Y / N<br>Relevant Arrangement Y / N<br>Arrangement with an organisation Y / N<br><br>Parent/Guardian signature: _____   |
| BEFORE SCHOOL CARE<br>Session 7.00am-9.00am<br>Regular Bookings Y / N<br>Please circle the days needed<br>M T W TH F   | BEFORE SCHOOL CARE<br>Session 7.00am-9.00am<br>Regular Bookings Y / N<br>Please circle the days needed<br>M T W TH F   | BEFORE SCHOOL CARE<br>Session 7.00am-9.00am<br>Regular Bookings Y / N<br>Please circle the days needed<br>M T W TH F   |
| AFTER SCHOOL CARE<br>Session 3.00pm-6.00pm<br>Regular Bookings Y / N<br>Please circle the days needed<br>M T W TH F  | AFTER SCHOOL CARE<br>Session 3.00pm-6.00pm<br>Regular Bookings Y / N<br>Please circle the days needed<br>M T W TH F  | AFTER SCHOOL CARE<br>Session 3.00pm-6.00pm<br>Regular Bookings Y / N<br>Please circle the days needed<br>M T W TH F  |
| Will you need casual booking?<br>Casual Bookings Y / N<br>Flexible booking (combination of Regular and Casual bookings) Y / N  | Will you need casual booking?<br>Casual Bookings Y / N<br>Flexible booking (combination of Regular and Casual bookings) Y / N  | Will you need casual booking?<br>Casual Bookings Y / N<br>Flexible booking (combination of Regular and Casual bookings) Y / N  |
| VACATION CARE & SCHOOL CLOSURE<br>Session 7.00am-6.00pm<br>Will you be needing Vacation care or care during school closure and pupil free days Y / N<br><br>Please note: Vacation care requires separate booking. Vacation care program and booking forms are sent out each term in week 6 for regular users or can be collected from the front office or from OSHC room.<br><br>Comments: _____<br>_____<br>_____ | VACATION CARE & SCHOOL CLOSURE<br>Session 7.00am-6.00pm<br>Will you be needing Vacation care or care during school closure and pupil free days Y / N<br><br>Please note: Vacation care requires separate booking. Vacation care program and booking forms are sent out each term in week 6 for regular users or can be collected from the front office or from OSHC room.<br><br>Comments: _____<br>_____<br>_____ | VACATION CARE & SCHOOL CLOSURE<br>Session 7.00am-6.00pm<br>Will you be needing Vacation care or care during school closure and pupil free days Y / N<br><br>Please note: Vacation care requires separate booking. Vacation care program and booking forms are sent out each term in week 6 for regular users or can be collected from the front office or from OSHC room.<br><br>Comments: _____<br>_____<br>_____ |

GUARDIAN FULL NAME \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_



# Consent Form – Child/Student

## Permission to use image, video, voice, and/or creative work of students and children

The Department for Education develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites and social media accounts). Students also publish their own materials on websites (eg school website, department website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for the Department for Education to create/use:

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name and school/preschool/service name

and to distribute them in the following locations:

- printed publications (eg newsletters, year book, promotional material)
- secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the service.

Any material placed on publically accessible websites under a Creative Commons licence will be available to download and use. This licence allows for the replication, distribution, display, performance and remixing of copyrighted work, provided that the author is credited.

### Notes

- Items might not appear in exactly the form in which they have been submitted and not every item for which permission is granted will be used.
- Items which contain images/references to Aboriginal and Torres Strait Islander people may be accompanied by warning text to indicate that the work may include people who have passed away.
- Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

### Signatures:

#### Additional optional permissions (tick if yes)

I also grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast.

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of child/student:  | _____<br>(Full name - please print) |
| Name of school/service: | _____                               |

|                                     |                           |
|-------------------------------------|---------------------------|
| Parent/guardian's signatures:       | _____                     |
| (Parent/guardian to sign)           | (Parent/guardian to sign) |
| Full name of parent(s)/guardian(s): | _____                     |
| (please print)                      | (please print)            |
|                                     |                           |

Date:

Please provide signatures of both parents /guardians where possible.

*This form must be filed in a central location at the school*