



# PERMISSION INFORMATION FORM

Student(s) Name: .....

Parents/Caregivers Name: .....

Parents/Caregivers Address (include rapid number, road name and post code)

.....  
.....

### Contact Details:

Mothers Home:..... Mothers Work: .....

Mothers Mobile:..... Mothers Email:.....

Fathers Home: ..... Fathers Work: .....

Fathers Mobile: ..... Fathers Email: .....

### Emergency Contact: (other than parent/caregiver)

1) ..... 2).....

..... (relationship) ..... (relationship)

..... (home number) ..... (home number)

..... (work number) ..... (work number)

..... (mobile number) ..... (mobile)

Please indicate your agreement by circling either YES or NO and SIGN and DATE the bottom of this form.

### Education Outside the Classroom:

I give permission for my child to join in class trips that arise as part of the classroom programme. This is for trips in school time and may sometimes involve travel by a private vehicle. Individual permission will be sought for overnight trips and excursions in high-risk situations.

YES - NO (please circle)

### Photo Permission

I give permission to use photographs of my child while taking part in various activities at school. The photos could appear on our website, on promotional material or within other forms of media e.g. newspapers, TV etc.

YES - NO (please circle)

### Learning Difficulties

Is there any family history of learning difficulties that we should be aware of? ie dyslexia

YES - NO (please circle)

Details: .....

Signed: ..... Date:.....

Privacy Policy: Information requested is essential for the school to provide appropriate programmes of learning and care for students. It will be entered on personal files which are retained by the school and therefore subject to the provisions of the Privacy Act and Schools Privacy Policy.



**MEDICAL UPDATE FORM**

Please indicate your agreement by circling either YES or NO and SIGN and DATE the bottom of this form.

Student(s) Name .....

Medical (problems/treatment/medication).....

What pain/flu medication may your child/ren be given if necessary?

Is your child allowed to have homeopathic medication administered (i.e. arnica)

YES - NO (please circle)

**ASTHMA AWARENESS FORM**

Please indicate your agreement by circling either YES or NO and SIGN and DATE the bottom of this form.

Due to the increased number of children that are carrying Ventolin Inhalers we are updating our medical records for **ALL** students.

Student(s) Name ..... has been/has not been medically diagnosed as '**Asthmatic**' by our family doctor .....

The staff at Aria School have our permission to take the following action should our child have an '**asthma attack**' at school.

Our child has not been medically diagnosed as an asthmatic but carries a doctor issued Ventolin Inhaler to assist breathing if required.

YES - NO (please circle)

Signed:..... Date:.....

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