

VINEYARD LUTHERAN SCHOOL CONSENT NOTE 2021

Child's Name: _____ (each child requires separate consent forms)

Parents Names: _____

Residential Address: _____

PO Box: _____

Phone details: Home: _____

Mobile: Father: _____ Mother: _____

I consent / do not consent to my child taking part in walking to the Gums and on the Riesling Trail

I consent/ do not consent to my child being photographed either individually or in groups and displayed with name for **internal** audiences only (eg: within school displays, VLS community Facebook page, assembly ICT presentations etc)

I consent/ do not consent to my child being photographed either individually or in groups and displayed with name for **external** audiences (eg: newsletters, VLS promotional material, VLS public Facebook page, website, church bulletins etc)

I consent /do not consent to my child to receive individual personal assistance from the VLS Chaplain, working in conjunction with the classroom teacher

I consent / do not consent to my child watching G rated movies if supervised by their teacher

I consent / do not consent to my child having sunscreen applied as necessary

I consent / do not consent to my child having his/her head checked for Head lice as per the termly check and when necessary as per the policy

I consent / do not consent that, in the event of my child needing URGENT medical treatment, the Principal or delegate may make the necessary arrangements if I cannot be contacted.

I am a member of the VLS Community Facebook page: Yes / No Please note **all parents** are invited and encouraged to be a member of this group.

I have reviewed all medical information on the attached database print out and checked that all the information provided is correct whilst also updating the form with any necessary changes,

Signature: _____ **Date:** _____

Name: _____

VINEYARD COLLECTION NOTICE



PO Box 105
Clare SA 5453
Phone: (08) 8842 1808
Email: admin@vineyardls.sa.edu.au
Web: www.vineyardls.sa.edu.au