



Consent Forms

PHOTOGRAPH CONSENT FORM

CHILD'S NAME _____

I do/do not consent to my child being photographed during their time at the centre, either individually or in a group, whether it be taken for the centre purposes or as part of the activities undertaken by the commercial photographer selected by the centre. I understand that this is a general consent intended to aid organisation at the centre, it does not commit me to accepting, with a view to purchase, any photographs that may be taken of my child.

I do/do not consent for my child's un-named photograph to be placed in the centre's newsletter and in the newsletter section of our website at www.boolerookgn.sa.edu.au

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

GENERAL LOCAL CONSENT FORM

I do/do not give permission for _____ to take part in local excursions within walking distance around the township of Booleroo Centre for the purpose of educational activities.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

HEAD LICE INSPECTION CONSENT FORM

I do/do not give permission for _____ to have his/her head inspected by staff for head lice.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

PERMISSION TO SHARE PORTFOLIO INFORMATION WITH FEEDER SCHOOL WHEN CHILD BEGINS SCHOOLING.

I do/do not give permission for _____ to have his/her Summative Assessment from preschool to be shared with centre staff.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

IMMUNISATION RECORD

My child's immunisation schedule is/is not up to date and has been immunised for

Chicken Pox Measles/Mumps/Rubella Pertussis Other _____

I am aware that the centre's policy is that when there is an outbreak of an infectious disease, the ill child is excluded for the recommended period and also that:

- With an outbreak of measles, non-immunized or immunocompromised children will be excluded until 14 days after the first day of rash in the last case, unless immunized within 72 hours of first contact during the infectious period with the first case.
- With an outbreak of Chickenpox, a child with immune deficiency or recovering from chemotherapy should be excluded for their own protection.
- Children from the same house with a case of Diphtheria are excluded until cleared to return by an appropriate health body.
- With Whooping Cough, if a child has received less than 3 doses of pertussis vaccine are excluded until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, then the child is excluded for 21 days after their last exposure to the case while the person was infectious.

Signature of Parent or Guardian _____ Date _____



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SUNSCREEN APPLICATION CONSENT

I do / do not give permission for my child to have sunscreen applied. I will/will not supply my own sunscreen.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

CULTURAL CELEBRATIONS

Are you happy to have events such as birthday, Easter, Christmas celebrated within the learning program. Yes/No If No, please outline any considerations we need to make.
Considerations _____

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

EARLY CHILDHOOD SERVICES CONSENT

I do / do not give permission for the name of my child to be given to other early childhood agencies where the director considers this appropriate (eg Child and Youth Health 4 year old check)

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

AMBULANCE

I understand that an emergency situation requiring my child to have access to medical services, may need the use of the SA Ambulance Service. Should SA Ambulance Services be required for my child, I accept any expenses incurred for this service.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

ACCESS TO INFORMATION

Centre policies may be found on the coffee table in a flip folder or on the website at www.boolerookgn.sa.edu.au .

I understand that there are times my child may be excluded from the centre due to illness.

I understand that my child will be encouraged to eat healthy items from their lunch box.

I understand that there is an Allergy Awareness policy for the centre.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

We are able to email out newsletters, if you wish to have an e-newsletter, please write your email address below.
