



STUDENT CONSENT FORMS WHILE ATTENDING BORDERTOWN HIGH SCHOOL

SWIMMING CONSENT FORMS WILL BE SENT HOME
ANNUALLY

STUDENT NAME: _____



Government of South Australia
Department for Education

Please note- These permissions are valid for the duration of your child's enrolment at the school or until changed in writing.

Local subject-based excursions	
Do you give consent for your child to participate in local excursions? <i>Parents/Caregivers will be notified in advance of the local excursion whenever possible, including when excursions require travel on a school bus.</i> Note: Additional consent will be required for camps and excursions beyond Bordertown.	YES / NO
Medical	
Do you consent in case of an emergency for your child to receive immediate medical attention, hospital, doctor, dentist, ambulance?	YES / NO
Aboriginal Health Checks (Aboriginal students only). Do you consent to annual ears, eyes & general health checks for your child?	YES / NO
Do you give consent for your child to have an initial visit with a headspace/School Based Clinic GP and/or Intake Worker? Note: This is a once only visit and any on-going referrals to the Headspace School Based Clinics require additional parent consent. This is a free and confidential service. Please turn over for more information on headspace services.	YES / NO

<i>Please tick each box if you have read and understood the following policies as outlined in the information pack and Parent Handbook.</i>	Tick
STUDENT EXPECTATIONS AND CLASSROOM RESPONSIBILITIES	
SCHOOL DISCIPLINE POLICY The school has a behaviour management policy in place with strategies to allow the student to reflect on their own behaviour, which has been unacceptable or inappropriate. I understand the school has this policy and accept responsibility to support the steps involved.	
ABSENCES & LEAVING SCHOOL GROUNDS POLICY (I have read and understand the policy and will abide by the expectations)	
COMPUTER USE POLICY (I have read and understand my responsibilities and will abide by the expectations)	
SCHOOL UNIFORM and HAT POLICY (Parents of students not wearing school uniform will be contacted and asked to bring uniform items in or purchase them from the Front Office) Hats are compulsory in Terms 1 and 4 and recommended in Terms 2 and 3. SPF 30+ sunscreen should also be worn during these times.	
MOBILE PHONES / PRIVACY I have read the policy and agree to abide by this.	
HEAD LICE I give my permission for Front Office staff to check my child's hair for head lice, if necessary to do so.	
PASTORAL SUPPORT WORKER I give permission for my student to obtain individual personal assistance from the Pastoral Support Worker. I understand that teachers retain over-riding duty of care. I am aware that the PSW is a mandated notifier in relation to child protection.	

PARENT/CAREGIVER DECLARATION: Parent/Caregiver Name: _____ Signed : _____ Date: _____

Media 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, including public online environments. Students also publish their own materials on school websites and online.

Please complete the following section:

I give consent for the Department for Education to create, use and/or reproduce:

- **samples of my child's creative work**
- **images, video and/or audio recordings of my child**
- **my child's name and school/preschool name**

and publish/distribute them (please tick all that apply):

- a) Internally in Department and school/preschool publications and internal digital/online locations.**
- b) Externally on Department and school/preschool public websites, social media and online.**
- c) For promotional use including Department and school/preschool marketing and advertising.**

I understand that permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the site.

I understand that this consent form grants the Department for Education and applicable external organisations to use the media under the Creative Commons Non-Commercial Licensing.

Please note:

- Items might not appear in exactly the form submitted and not every item 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 deceased persons.
- 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.
- This form must be filed in a central location at the associated preschool, school or site.

Signatures

Full name of child/student: _____ Date: ____ / ____ / ____

Preschool/school/service: _____

Parent/guardian's name(s): _____

Parent/guardian's signature(s): _____





Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in Water Safety activities. This form will be shown to School Staff and Water Safety Instructors and Emergency Services Personnel responsible for this student's safety in Water Safety activities.

STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM

Section 1: Personal Details

Student Name _____ Date of Birth _____

Name of School _____ Medic Alert No. (if relevant) _____

Emergency Contact Person _____ Contact No. _____

Section 2: Health Support Information

Please complete the following information so the instructors and school staff can plan for your child's safety in the water.

Does your child have a health care need that could affect their safety in the water? Yes No

If **NO** - please go to Section 3 - consent to participate in Water Safety Activities.

If **YES** - you must complete this section below:

If you tick any of the boxes below, the Water Safety Instructors require a written Health Care Plan from your child's doctor / treating health professional. This may be a copy of the information you have provided already to the school, or further information relating to a water environment / activity.

Asthma <input type="checkbox"/>	Seizures, Epilepsy <input type="checkbox"/>	Incontinence <input type="checkbox"/>
Severe allergy (e.g. bee sting) <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Medication taken at school <input type="checkbox"/>
Joint disorder <input type="checkbox"/>	Heart Disorder <input type="checkbox"/>	Swallowing / choking <input type="checkbox"/>
Vision impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Communication difficulties <input type="checkbox"/>
Ear disorder <input type="checkbox"/>	Skin condition <input type="checkbox"/>	Other (please provide details) <input type="checkbox"/>

IMPORTANT: Have you attached health care details from your child's doctor / treating health professional? Yes No

If **YES**, write down what you have attached and please ensure all relevant medication is provided.

If **NO** - Failure to provide a Health Care Plan will mean that in the event of a medical emergency your child will be treated with standard first aid management.

Attached:

If you tick any of the boxes below regarding your child's well-being in the water, The Water Safety Instructors need a brief outline of the student's specific issue in regards to water.

Anxiety Fear of Water Other

Details:

* Please indicate who will be supervising your child during instruction, in the change rooms & entering and exiting the pool/river/beach/lake. School staff Parent/Caregiver

Section 3: Consent to take part in Water Safety activities:

I give consent for my child named above to participate in Water Safety activities which will be supervised by School Staff/Parent/Caregiver. I understand that the water safety instructor will be in charge of the water activities.

I understand that failure to provide a Health Care Plan will mean standard first aid management can only be applied.

Parent / Guardian:

Signature:

Date:

Standard Health Care Support for the most common health conditions:

Asthma	<p>Any child currently prescribed asthma medication must bring their medication. Asthma Care Plan should be attached to this consent form.</p> <p>Standard First Aid:</p> <p>Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still no relief, call an ambulance.</p> <p>No return to the water after two lots of reliever medication within any given session.</p>
Seizures	<p>Any student with a diagnosed history of seizures, must have an adult acting as one to one safety watch, provided by the school. Seizures are generally managed in the pool. Continuation in the Water Safety program that day will be assessed by a supervising teacher in consultation with the student's health care plan.</p>
Diabetes	<p>First aid as per individual Diabetes Care Plan.</p>
Severe Allergy	<p>As per Allergy Specialist Care Plan.</p>
Drainage tubes in ears.	<p>Ear wrap or fitted plugs to be worn throughout water activities, unless written medical advice is provided saying this is not necessary.</p>
Incontinence	<p>As per Care Plan. Any accidents that result in contaminated water must be managed as per health regulations.</p> <p>Cryptosporidium Infection</p> <p>Cryptosporidiosis is caused by the parasite Cryptosporidium. It is highly infectious and can be transmitted by swallowing water contaminated by the parasite in public swimming pools. The main symptoms associated with this illness include watery diarrhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools for 14 days after the symptoms have stopped.</p>
Choking	<p>As per Care Plan.</p>
Infection	<ul style="list-style-type: none">- All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage.- Students with significant unhealed wound(s) will be advised not to enter the water until the wound has closed.- Students with ringworm should not commence water activities until at least 24 hours after commencement of appropriate treatment (usually a topical anti-fungal cream)- Students with tinea should not go into pools or change rooms until at least 24 hours after commencing appropriate treatment.- Wearing slip-on footwear while walking in the pool and change rooms protects against transmission of some infections such as tinea.

NB Failure to provide adequate information about your child's health condition will mean that in the event of a medical emergency your child will be treated with standard first aid management.



CONSENT FORM FOR CHIEF EXECUTIVE APPROVED EARLY DISMISSALS

(to be obtained at enrolment)

Please use block letters when filling out this form

STUDENT/CHILD'S NAME	
PARENT NAME	

I give my consent for my child to be dismissed early under the following conditions:

- up to 1 hour before the normal end of the school day on the last school day before the Easter long weekend;
- up to 1 hour before the normal end of the school day no more than 4 times a year for the purpose of the end of school terms;
- up to 1 hour before the normal end of the school day for the purpose of an annual school sports day;
- up to 1 hour before the normal end of the school day for the purpose of an annual district-wide sport carnival; and
- up to 1 hour before the normal end of the school day in the event of an extreme heatwave declared by the State Emergency Services, or where the health and safety of the children at the school are considered at risk due to the absence, localised failure or poor performance of air conditioning on days of extreme heat (36 degrees or above).

Parents will be notified in advance (minimum 1 month) of the reason, time and date of the above early dismissals through the normal communication channels used between the school and parents, including, but not limited to, school newsletters and the school's website.

For early dismissals relating to 'extreme heat' scenarios parents will be notified as soon as possible before students are dismissed.

Agreement

- I agree and acknowledge that my consent (if provided) will remain active/in place for the entire time my child is enrolled and attending at the school unless I withdraw it by notifying the principal (or delegate) either in writing or by telephone.

Signed: _____

Date: / /



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