



Permission/Consent Form

Child's Name

Class.....

Date

<p>I give permission for the following:</p>	<p>Signed (please sign each box)</p>
<p>I understand that if I cannot be contacted, my child may be referred for emergency medical treatment if required.</p>	
<p>To take my child on local trips around the town; no transport involved and under supervision.</p>	
<p>To take photographs/videos of my child for display purposes in school.</p>	
<p>To feature a photograph of my child in the Dispatch/Evening Post and on the school website/app.</p>	
<p>For photographs/videos to be taken of my child by other parents/relatives at school events e.g. sports day, concerts etc</p>	
<p>I give permission for school to hold/use my email address</p>	<p>My email address is:</p>

