



Humpty Doo Primary School

ABN: 21 230 091 133

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MEDIA, MEDICAL, FIRST AID, DENTAL AND AMBULANCE CONSENT

Due to the legislative changes to the *Information Act 2003*, permission is required for photos to be taken and used for school publicity purposes and for student work to be displayed.

This consent is valid for the term of your child's enrolment at the school, or until it is rescinded. This consent can be withdrawn at any time by contacting the Principal in writing. This information will not be used for any other purpose than that stated.

CONSENT TO USE STUDENT PHOTOS/WORK IN THE MEDIA AND OTHER COMMUNITY PUBLICATIONS

The school may use photographs of students and/or their work in the newspaper and other community publications. Use of photographs and displaying students' work would typically be in connection with an achievement such as becoming a House or Sports Team Captain, winning awards, school based competitions or participation in activities such as NT School Sport, music, excursions and co-curricular programs, or for classroom display, school archives, etc.

Do you consent to the use of your child's photo (including video images) as an individual, in the Media and other community publications., Yes No

Do you consent to the use of your child's photo (including video images) in a group, in the media and other community publications. Yes No

Do you consent to the school publishing your child's work in the media? Yes No

Note: Consent to display or publish your child's work does not mean your child loses their rights over their work, simply that the school has permission to use the work for the purposes mentioned.

SCHOOL CHAPLAINCY PROGRAM

Do you consent for your child to be part of the student activities involving the Chaplain? Yes No

ADMINISTER FIRST AID

Permission to administer first aid Yes No

CALL AN AMBULANCE

Permission to call an Ambulance Yes No

MEDICAL/DENTAL PRACTITIONER CONSENT

In case of an emergency, do you consent to the school contacting your General Practitioner? Yes No

Doctor's Name:

Surgery:

Address:

Phone:

In case of an emergency, do you consent to the school contacting your Dentist? Yes No

Dentist's Name:

Practice:

Address:

Phone:

Please read this form carefully before completing and signing. This consent may be withdrawn at any time by writing a letter to the Principal. If you have any queries please contact the Principal.

Signed by the parent/guardian:

Name: (please print) _____

Signature: _____ Date: _____

Signed by the Student:

Name: (please print) _____

Signature: _____ Date: _____