

Consent Form

At Fitzroy Valley DHS we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form ask you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will kept for no longer than necessary for the purposes outline above and will be stored and disposed of securely. Yes, I give consent to my child to have his/her image and/ or work published as described above. No, I do not give consent. In addition, see Appendix F of student online policy.
INTERNET ACCESS Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct. Yes, my child has permission to access the internet in accordance with school policy. No, I do not give consent. In addition, see Appendix F of student online policy.
VIEWING CONSENT Children often watch videos / DVDs / Television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission. Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration. No, I do not give consent
LOCAL EXCURSIONS Children occasionally walk within the local area for minor excursions under the supervisions of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of local excursions. Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from school. No, I do not give consent.
Parent/ Guardian Name:
Signature:Date:



Fitzroy Valley District High School

Student Contact Details

Student Name:	DOB:/	/	
Address/Community:			
Parent/Guardian 1			
Name:			
Relationship to student:			
Mobile Number:			
Home Number:			
Work Number:			
Parent/Guardian 2			
Name:			
Relationship to student:			
Mobile Number:			
Home Number:			
Work Number:			
Does your child have any allergies or health issues:	YES Or NO]	
If yes, please explain:			
Siblings:			
Emergency Contact			
If we are unable to get a hold of you, who would be th	e next best persor	٦.	
Name:			
Relationship:			
Mobile Number:			