

Parental Consent Checklist

(one per student)

Student Name: _____

1. I give permission, where appropriate, for MDCS staff to administer:
 ½ to 2 Paracetamol Tablets to my child yes no
 Antiseptic Spray for stings, cuts or grazes yes no
 Burns Gel yes no

2. In the event of an injury or other medical emergency, where a parent or guardian cannot be contacted, I give permission for MDCS staff to consent on my behalf to the child receiving medical or surgical treatment as deemed necessary. yes no

3. I give my permission for MDCS staff and/or an appropriate representative from the Shire of Yarra Ranges, to check my child for Head Lice as deemed necessary. yes no

4. I give my permission for photographs of my child to be reproduced and used in advertising materials to represent the school. yes no

5. I give my permission for my child to attend and be transported to excursions arranged by MDCS as part of the normal delivery of the school curriculum. I understand that the school will inform me about excursions through the Newsletter, term letters and/or excursion letters. I hereby agree that during such events, the MDCS staff will take over the guardianship responsibility for my child. yes no

Please note: Where camps/excursions occur outside of the normal school hours or that involve transport with a non-school vehicle (ie train or personal car) a separate permission and medical/dietary information form will be sent home.

Father's/Mother's/Guardian's Signature _____

Print Name _____ Date _____

MDCS collects personal information from its students and families when it is deemed appropriate. The primary purpose of collecting this information is to enable MDCS to carry out its duty of care for your child. This information is solely for the purpose for which it is obtained and will be disclosed to Staff at MDCS. Any questions in relation to the collection, use and disclosure and retention of health or personal information collected by MDCS can be directed to the MDCS Privacy Officer.