STUDENT'S NAME: ________________________________

Please mark YES box if you give permission

OR

Please mark NO box if you do not give permission

1. Student Photographs

☐ For Teaching and Learning Programs
☐ For the School Magazine
☐ For a Class Photo
☐ For Educational Magazines and / or Local Newspaper

NB. Parent permission will be requested for specific use of student photographs for special projects

2. Health / Medical

☐ Application of hypo-allergenic Bandaid (minor wounds and grazes)
☐ Head Lice Check
☐ Application of sunscreen supplied by the school

(if NO, please send own supply)

Accident Declaration

In case of illness or accident I authorize the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent / Guardian ________________________________

Date: ___________________