GENERAL PERMISSIONS FORM

Student’s Name __________________________________________
____________________________________________________________

Print name of Parent/Guardian signing this form

This form will remain in effect for the duration of your child’s schooling at Mackenzie State Special School unless the school is informed in writing of any changes.

1. I understand that every reasonable care and control will be exercised over my child by the school staff while at school. In case of sudden illness, accident or other medical emergency, I agree to the school calling an ambulance and arranging hospital admission where necessary for my child. I further understand, in these circumstances, I will be contacted.

____________________________________      ______________________
Signature                                                Date

2. For publicity and education purposes, it is often necessary for students to be photographed or recorded electronically, on videotape or DVD and to have their work displayed. Will you give permission for your above named child to:

(a) have his/her photograph published
(b) be recorded
(c) have his/her name used
(d) have work displayed with his/her name on it
(e) have photograph published in the school newsletter and in school Powerpoint presentations used for parent evenings

I understand that these photographs would never be used for publicity purposes, or published outside the school community, unless written consent was given.

____________________________________     _________________
Signature                                                    Date

Please complete reverse side of this page
PERMISSION FORMS (Cont)  

3. As part of the class program within the school, it is often necessary for students to participate in Computer assisted learning activities. Will you give permission for your above named child to participate in computer assisted learning activities, access the internet and email, and utilise mobile phones during CBI, under supervision.  

   Yes  No  

__________________________________________  
Signature  Date  

4. I give permission for my child to participate in class recreational swimming activities. I understand I will be informed in writing prior to the event. Strict supervision will be exercised by staff during water based activities.  

   Yes  No  

__________________________________________  
Signature  Date  

5. I give permission for my child to participate in community-based instruction (CBI). CBI involves learning experience in real-life situations, eg shopping, travel-training, recreational venues, etc. I understand I will be informed of CBI activities scheduled by class teachers, whenever possible, and that all reasonable care and supervision will be exercised by staff when on CBI. I understand transport could be via school bus, public transport or staff cars.  

   Yes  No  

__________________________________________  
Signature  Date  

6. A Religious Education Program (½ hour weekly) is offered to most students one afternoon. The leaders are experienced in working with students with disabilities. The program is an ecumenical one supported by the Mount Gravatt/Holland Park Ministers' Fraternal.  

I give permission for my child to participate in Religious Education (R.E.) classes.  

   Yes  No  

__________________________________________  
Signature  Date