



OTAKIRI SCHOOL

- LEARNERS FOREVER, LEADING THE FUTURE -

571 Otakiri Road RD3 WHAKATANE 3193 Phone: (07) 304 8101 Fax (07) 304 8168 E-mail pukeko@otakiri.school.nz; Principal: Michael Mokai; BOT Chair: Nick Hoete

GENERIC CONSENT 2017

At the start of each year we seek your permission for a range of activities that your children may be participating in during the year ahead. In order to save us from sending out a range of permission slips, we ask that you complete the sections below and return this form to school.

This Generic Consent Form will be treated as confidential and filed in your child's personal file. If you have any queries, please feel free to contact your child's teacher or the school office.

Child's Name: _____ Room: _____

Please complete a separate form for each child

SCHOOL TRIPS

Permission Granted

Yes No

I give permission for my child to go on school trips (Education Outside the Classroom) and sporting events *within the Whakatane/Kawerau District Boundaries during school hours*. I understand that the school will notify me prior to events.

<input type="checkbox"/>	<input type="checkbox"/>
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SPECIALIST SERVICES

Permission Granted

Yes No

I give permission for my child to be referred to Special Education Services, Social Worker in Schools, Public Health Nurse or Resource Teachers of Learning and Behaviour.

<input type="checkbox"/>	<input type="checkbox"/>
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I understand that the school will notify me if any of these services are required.

PUBLISHING PHOTOS

Permission Granted

Yes No

I give permission for my child's photo (with no name) to be published on the school website, school newsletter or the newspaper.

<input type="checkbox"/>	<input type="checkbox"/>
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PUBLISHING NAMES

Permission Granted

Yes No

I give permission for my child's *full name/first name only* to be published in the school newsletter or the newspaper i.e. with regard to achievements in sport, special awards and recognition etc. (newsletters are also uploaded to the school's website and Facebook page)

<input type="checkbox"/>	<input type="checkbox"/>
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NEWSLETTER DISTRIBUTION

The school newsletter is published weekly on Thursdays and is available on the school's website, app and Facebook page.

I would like a hard copy of the newsletter published weekly on a Thursday.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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I would like the newsletter emailed weekly – if yes email address _____

<input type="checkbox"/>	<input type="checkbox"/>
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BIBLE IN SCHOOLS

Permission Granted

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for my child to attend this programme.
Bible in Schools is a 30 minute weekly session from mid Term 1 to early Term 4.

MILK FOR SCHOOLS

Permission Granted

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Otakiri School is part of the Fonterra Milk for Schools Programme.
I give permission for my child to drink supplied milk.

MEDICAL/INJURY

Permission Granted

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the school to administer medical help as per the school procedures and call on professional help in an emergency. I understand the school will make every endeavour to contact parent/caregiver in the case of any emergency.

MEDICATION

Permission Granted

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the school to administer medication

Paracetamol

Nurofen / Ibuprofen

Antihistamine

Other (please list)

Medication will only be administered if the parent/caregiver has been contacted on each occasion by telephone or text.

Please list any medical concerns, severity and medication:

Signed Date.....

Signatory's Name Relationship to child.....

Have your contact details changed?

Postal Address: Physical Address:

Home Ph:

Mobile Phone numbers:

Name #..... Relationship to child:.....

Name #..... Relationship to child:.....

Name #..... Relationship to child:.....