

PARENT CONTACT LIST



YES. I / We do give permission for my / our name, phone no. etc. to be circulated among school families on a contact list.

NAME/s

Phone number /s

.....

E-mail address

NO. I/We do not give permission for my / our name, phone no. etc. to be circulated among school families on a contact list.

Signed

PHOTO PERMISSION SLIP



YES. I / We do give permission for my / our child / ren, as named below, to have their photo published. I understand that no addresses or phone numbers will be published and that while a surname will be used for local newspapers, first names ONLY will be used on the Internet.

Name/s Signed

..... (Parent/Guardian) Date

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CONSENT FORM—HEAD LICE INSPECTIONS

Throughout the year, the school will be arranging head lice inspections of students.

The management of head lice infestation works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Before any inspections are conducted staff will explain to all students what is being done and why, and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well-kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have them, you can do something about it.

A qualified staff member will conduct the inspection of students.

The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's class teacher and the principal. The school will send a written notice home with the child and provide parents with comprehensive advice about the use of safe treatment practices, which do not place children's health at risk.

Please note that the law requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

Parent's/Guardian's Full Name:

Address: Postcode:

Name(s) of Child/Children attending the school:

Year Level:

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I hereby give my consent for the above-named children to participate in the school's head lice inspection program.

Signature of Parent/Guardian Date:

Please bring your child's Birth Certificate and Immunization Certificate, as we need to copy these as proof of your child's age and immunization status.