

# **2022 General Consent Form**

## PLEASE COMPLETE BOTH SIDES OF BOTH FORMS

Schools often need to seek parent/caregiver permission to cover a wide range of activities and situations. This form will serve as your child's permissions throughout their schooling at MVPS\*, with a printout sent home each year to check for changes. We hope that by placing most of the potential situations on one sheet it will save time and paper. Please read, sign, date and return to Student Services as soon as possible to support your child's teacher. Please sign and date each one that you give permission for. Please cross through any that you do not give permission for. (\*Please note if for some reason there is need to update/change this form, another one will be sent home to ensure we have accurate consent).

| and date each one that you give permission for. Please cross through any that you do not (*Please note if for some reason there is need to update/change this form, another one will be sent home to ensure the content of the content |                   |
|---|-------------------|
| CHILD'S FULL NAME:  |                   |
| FULL NAME OF PARENT/CAREGIVER WHO COMPLETED THIS FORM AND RELATIONS   | HIP TO THE CHILD: |
| SCHOOL YARD SUPERVISION   |                   |
| I understand that the school yard is supervised from 8.30am until 3.25pm and that the school cannot accept responsibility for children in the yard outside of these times.  Students arriving before 8.30am will be asked to sit outside of the 'Out of School Hours Care'  | SIGNED:           |
| room. Students not collected by 3.25pm will be placed in our Out of School Hours Care program and charged accordingly.  | DATE:             |
| PERMISSION TO BORROW LIBRARY BOOKS  |                   |
| I give permission for my child to borrow books from the library and I will accept responsibility for any book damaged or lost by my child.  | SIGNED:<br>DATE:  |
| SHOTPUT/DISCUS/ARCHERY  | DATE.             |
| As part of the specialist physical education program, the following is taught: shot-put and   |                   |
| discus (year 3-6 students to enable their selection into the district athletics competition each year. Shot put is also incorporated into the Sports Day tabloid program for these year levels) and archery (years 5/6 students). Please note that we are asking all parents of students from reception to year 6 to complete this permission.  I give permission for my child to take part in: Shotput Discus Archery  |                   |
| AMBULANCE   |                   |
| I understand that an ambulance may be obtained for my child in the case of an emergency and agree to pay any costs associated (this can be covered through your family ambulance cover, private health insurance or through seeking compensation through the Department for   | SIGNED:           |
| Education - front office will provide information if needed).   | DATE:             |
| SUNSCREEN   |                   |
| I give permission for staff to support my child to apply sunscreen.   | SIGNED:<br>DATE:  |
| LOCAL WALKS   |                   |
| I give permission for my child to go on supervised local walks.   | SIGNED:<br>DATE:  |
| WORKING WITH SCHOOL COUNSELLOR AND PASTORAL CARE WORKER   |                   |
| I give permission for my child to work with the school counsellor.  | SIGNED:<br>DATE:  |
| I give permission for my child to work with the pastoral care worker.   | SIGNED:<br>DATE:  |

# **HEAD LICE** The South Australian Health Commission recommends that everyone checks their hair every week for head lice. Checking and treating children's hair is BY LAW A PARENT'S RESPONSIBILITY. Sometimes schools offer to arrange head checks if there is a community outbreak of head lice. I understand and accept that, if my child is found to have head lice, they will be moved from SIGNED: direct head to head contact with others. If the child cannot be collected from school before home time, your child will not be isolated. DATE: I give permission for a staff member to check my child's hair for head lice. I understand any SIGNED: such check will be conducted sensitively. DATE: I will ensure my child does not attend McLaren Vale Primary School with untreated head lice. SIGNED: I will inform the school when my child has been treated with appropriate head lice treatments DATE: to address the infestation before returning to class. **MOBILE PHONES AND PERSONAL DEVICES** Personal devices include: mobile phones, tablets, smart watches and laptops (non BYOD) I understand that students who bring a mobile phone or personal device to school: do so at their own risk (the school accepts no responsibility for lost, stolen or damagedmobile phones) • are required to give them to their classroom teacher (switched off) at the beginning of the day can collect them at the end of the school day are not allowed to use their mobile phone/personal device while on school grounds between 8.30am and 3.20pm or when waiting for pickup by family or school bus (any unexpected problem solving is to be managed through the front office) • are not to be used to make calls, send SMS messages, surf the internet, and take photographs or any other application on school grounds if found accessing or using their phone/personal device during the school day they will be required to lodge the item at the front office at the beginning of the school day and collect it at the end of the day if they wish to continue bringing it to school • will face disciplinary action as sanctioned by the Principal if using it inappropriately. The school has the legal right and responsibility to hold a student's mobile phone/personal SIGNED: device to be handed to SA Police if there are any concerns re inappropriate material or possible evidence of electronic abuse or harassment. Please see the MVPS Primary DATE: Student Use Of Mobile Phones and Personal Devices policy for more information. **CYBER-SAFETY** I understand that McLaren Vale Primary School will: • do its best to enhance learning through the safe use of ICTs. This includes working to restrict access to inappropriate, illegal or harmful material on the internet or on ICT equipment/devices at school or at school related activities • work with children and their families to encourage and develop an understanding of the importance of cyber-safety through education designed to complement and support the Use Agreement initiative. This includes providing children with strategies to keep themselves safe in a connected online world • respond to any breaches in an appropriate manner • welcome enquiries at any time from parents/caregivers/legal guardians or children about cyber-safety issues My responsibilities include: discussing the information about cyber-safety with my child and explaining why it is important • supporting the school's cyber-safety program by emphasising to my child the need to followthe cyber-safety strategies SIGNED: • contacting the Principal or nominee to discuss any questions I may have about cybersafetyand/or the MVPS ICT/Cyber-Safety agreement DATE: • I have read and understand the MVPS Cyber Safety Policy.

### **SEESAW**

Seesaw is a digital portfolio where educators and children (with educator's supervision) can add photos, videos, drawings, texts, PDFs and more. Educators and children will use Seesaw to communicate information and share children's learning with families.

<u>HOW DO I GET SEESAW?</u> You will receive an invitation to connect to Seesaw from your child's class teacher. Simply follow the instructions outlined to download the application and scan your child's unique QR code. Please see staff if you need any help to do this.

<u>WHAT CAN FAMILIES SEE?</u> Families can only view the work posted by the teacher in their own child's journal. Families will not see the work of anyone else in the group unless the MVPS teacher has intentionally shared it (this may happen when there is a small or large group experience that we want to share with everyone).

<u>WHO CONTROLS MY CHILD'S SEESAW JOURNAL?</u> The MVPS teachers have complete control over the children's Seesaw journal including approving what is posted, approving parent's comments on the posts, and who is able to see the posts. Teachers will adhere to parent's permissions for each child to ensure your child's safety and wellbeing.

HOW MANY FAMILY MEMBERS CAN CONNECT TO ONE CHILD? Up to 10 family members can download the code and connect however we ask that you limit it to 2 parents/caregivers to ensure that the teachers can monitor and control the amount of people who are viewing the photos and information. Teachers can check this and will remove people if you add more than 2 parents/caregivers. Please support us with this.

| I give permission for my child's image to be used on the Seesaw app where it will be posted on | SIGNED: |
|--|---------|
| my child's individual journal and only the two parents/caregivers I nominate to view this will |         |
| have access.   | DATE:   |
| I give permission for my child's image to be used on the Seesaw app where at times it will be  | SIGNED: |
| posted for the whole group to view for the purposes of sharing a group story, or               |         |
| communicating learning that every child has been involved in.                                  | DATE:   |

#### **PHOTOGRAPHS**

### Permission to use image, video, voice, and/or creative work of students and children.

The official DfE consent form on the back of this form covers a wide variety of uses within McLaren Vale Primary School as well as within the Department for Education.

<u>In addition to</u> signing the official DfE consent form we have also itemised the individual photo permissions below to ensure that we have a clear understanding of what you give permission to for your child. Please read carefully and sign and return.

| Office Use Only: Entered on EDSAS by: Date:  |                  |
|--|------------------|
| Vale Primary School Science Group <b>closed</b> Facebook page.   | DATE:            |
| I give permission for photographs of my child (with first names) to be used on the McLaren                             | SIGNED:          |
| Vale Primary School Japanese Group <b>closed</b> Facebook page.  | DATE:            |
| I give permission for photographs of my child (with first names) to be used on the McLaren                             | SIGNED:          |
| I grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast. | SIGNED:<br>DATE: |
| these photos on any form of social media WITHOUT personal permission from individual parents.                          |                  |
| with their own school child, for their own use. PLEASE NOTE: Parents and visitors are NOT to publish                   | DATE:            |
| I give permission for other parents and visitors to photograph my child in group photos                                | SIGNED:          |
| name only.   | DATE:            |
| I give permission for my child to be photographed/videoed for the newspaper with first                                 | SIGNED:          |
| Vale Primary School website.   | DATE:            |
| I give permission for photographs of my child (with no names) to be used on the McLaren                                | SIGNED:          |
| Vale Primary School Facebook page (including MVPS SAKG Facebook page).   | DATE:            |
| I give permission for photographs of my child (with no names) to be used on the McLaren                                | SIGNED:          |
| McLaren Vale Primary School newsletter.  | DATE:            |
| I give permission for photographs of my child (with first and last name) to be used in the                             | SIGNED:          |
| photograph with full names.  | DATE:            |
| I give permission for my child to be photographed for the yearly class/individual                                      | SIGNED:          |
| education program (used for reporting and documenting learning).   | DATE:            |
| I give permission for my child to be photographed/videoed by staff as part of the general                              | SIGNED:          |

# Consent Form - Child/Student

# Permission to use image, video, voice, and/or creative work of students and children

The Department for Education develops teaching, learning and promotional materials and publishes them in print and digitally(eg on websites and social media accounts). Students also publish their own materials on websites (eg school website, department website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for the Department for Education to create/use:

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name and school/preschool/service name

and to distribute them in the following locations:

- printed publications (eg newsletters, year book, promotional material)
- secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the service.

Any material placed on publically accessible websites under a Creative Commons licence will be available to download and use. This licence allows for the replication, distribution, display, performance and remixing of copyrighted work, provided that the author is credited.

#### Notes

- Items might not appear in exactly the form in which they have been submitted and not every item for whichpermission is granted will be used.
- Items which contain images/references to Aboriginal and Torres Strait Islander people
  may be accompanied bywarning text to indicate that the work may include people who
  have passed away.
- Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

### **Signatures**

### Additional optional permissions (tick if yes)

| ☐ I also grant permission for my child to organisations for publication/broad |                                | xternal media              |     |
|---|--------------------------------|----------------------------|-----|
| Name of child/student:  |                                |                            |     |
|   |                                | (Full name - please print) |     |
| Name of school/service:   |                                |                            |     |
| Parent/guardian's signatures:   |                                |                            |     |
| (Parent/g   | uardian to sign)               | (Parent/guardian to sig    | gn) |
| Full name of parent(s)/guardian(s):   |                                |                            |     |
| (ple  | ase print)                     | (please print)             |     |
| Date:   |                                |                            |     |
| Please provide signatures of both parents and                                 | d/or guardians where possible. |                            |     |

This form must be filed in a central location at the school



