STUDENT INDEMNITY FORM – 2017

Please note this form is double sided!

STUDENT NAME

Permission for Medical Attention
In the event of illness or accident suffered by my child, and where it is impracticable to contact me, I hereby give permission for any medical attention deemed necessary.
Signed: _________________________ Date: ______________

Personal Development Program
I hereby give permission for my child to participate in a personal development program incorporating showering, toileting, dressing and hair washing skills as appropriate.
Signed: _________________________ Date: ______________

Bike Education
I give permission for my child to participate in the bike education program at Jacana School for Autism.
Signed: _________________________ Date: ______________

Transport by Staff Car
I hereby give permission for my child to travel by private car in circumstances where it is deemed necessary by the Principal.
Signed: _________________________ Date: ______________

Permission for Publicity
I hereby give permission for my child to be included in any publicity material associated with the school, including the website and Facebook.
Signed: _________________________ Date: ______________

Band-Aid Use
I hereby authorise the above named child to have band aids administered if necessary.
Signed: _________________________ Date: ______________

Sunscreen Use
I hereby authorise the above named child to have sunscreen applied by a staff member. Sunscreen must be supplied by families and kept in the student’s bag to prevent allergic reaction.
Signed: _________________________ Date: ______________

Shaving Cream
I hereby authorise my child to participate in activities which involve the use of shaving cream and other similar materials. I understand that my child will be closely supervised by a staff member and it will only be used for educational and sensory purposes.
Signed: _________________________ Date: ______________

19 - 39 Landy Road, Jacana VIC 3047
Phone 9309 6258  Fax 93096426
jacana.school@edumail.vic.gov.au
www.jacanaschoolforautism.vic.edu.au
September 2013
University Students

I give permission for my child’s teacher to receive support from allied health university students under the supervision of a qualified Speech Pathologist or Occupational Therapist.

Signed: ___________________________ Date: _______________________

IF YOU HAVE ANY OBJECTION TO ANY OF THIS PERMISSION FORM, PLEASE DO NOT SIGN THAT SECTION OR CONTACT THE SCHOOL.