



## STUDENT INDEMNITY FORM – 2022

STUDENT NAME \_\_\_\_\_ *(Please fill out & return to the school office ASAP)*

### **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: \_\_\_\_\_

### **CSEF**

I hereby give permission for JSA to allocate CSEF towards my child attending school activities, excursions, incursions and school camps.

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: \_\_\_\_\_

### **Year Book Only**

I hereby give permission for my child to be included in the JSA annual Year Book.

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: \_\_\_\_\_

**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 ANYTHING ON THIS PERMISSION FORM, PLEASE DO NOT SIGN THAT SECTION OR CONTACT THE SCHOOL**