

BAYSIDE SPECIAL DEVELOPMENTAL SCHOOL

INDEMNITY FORM 2021

STUDENT'S NAME:

Name of Parent/Guardian Completing Form:

Date:

1. EXCURSION INDEMNITY

I hereby authorise the above named child to attend local one-day excursions which involve public transport or school bus, organised by Bayside SDS during 2021. These activities enrich the school's teaching and learning programs. In case of accident or illness, I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed:

2. 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:

3. PERMISSION TO EXAMINE FOR HEAD LICE

I hereby give permission for my child to be examined by the local nurse, environmental health officer or designated staff member to assist with detection and treatment of head lice. I understand that the primary responsibility for the detection and treatment of head lice rests with parents.

Signed:

4. PERMISSION TO GO SWIMMING

Most children have the opportunity to have swimming lessons during the coming year, under normal teacher supervision. Parents of any child suffering from epilepsy should carefully note the extract below from Department of Education Regulations.

School Operations 4.8.1

If a child has been observed or is otherwise known to be subject to epilepsy or any form of medical condition involving periodic loss of consciousness, the child shall be permitted to swim **provided that a medical certificate is produced by the child's parents stating that it is safe for the child to do so.** Such a certificate is normally valid for 12 months. A new certificate is required after a period of 12 months or earlier if a further episode or loss of consciousness is known to have occurred.

I hereby give permission for my child to go swimming.

Signed:

My child requires a medical certificate No / Yes (Please attach)

5. PERMISSION TO PARTICIPATE IN THE HYDROTHERAPY PROGRAM

Students may have the opportunity to be involved in a hydrotherapy program run onsite in the school-owned swim spa. *Please note that the swim spa is set at 35°C.* Parents of any child suffering from epilepsy should carefully note the extract below from Department of Education Regulations.

School Operations 4.8.1

If a child has been observed or is otherwise known to be subject to epilepsy or any form of medical condition involving periodic loss of consciousness, the child shall be permitted to swim **provided that a medical certificate is produced by the child’s parents stating that it is safe for the child to do so.** Such a certificate is normally valid for 12 months. A new certificate is required after a period of 12 months or earlier if a further episode or loss of consciousness is known to have occurred.

I hereby give permission for my child to be involved in the hydrotherapy program which can involve aspects such as manual handling and hoisting, changing and showering.

Signed:

My child requires a medical certificate No / Yes (Please attach)

6. INTERSCHOOL PROGRAMS

I hereby give permission for my child to participate in interschool events with shared supervision between host school and Bayside SDS.

Signed:

7. TRANSPORT BY STAFF CAR

I hereby give permission for my child to travel by private staff car in circumstances where it is deemed necessary by the Principal. I understand that every effort will be made to contact me prior to this occurring.

Signed:

8. PERMISSION FOR PHOTOGRAPHING, FILMING AND RECORDING STUDENTS

a) I give permission for my child’s photograph, filming and recording to be used in the school community for purposes such as school newsletter, classroom displays, learning and teaching tools, and to support students’ health and wellbeing.

Signed:

b) I give permission for my child’s photograph, filming and recording to be used publicly on the school website and yearbook.

Signed:

9. PERMISSION TO PARTICIPATE IN THERAPY PROGRAMS

I give permission for my child to be involved in therapies, which may include speech pathology, physiotherapy, occupational therapy, multi-sensory therapy, music, guidance and can involve aspects such as manual handling, assessments, behaviour management, etc.

Signed: