



PERMISSION FORMS

MEDICAL:

Under normal circumstances if a student is ill, we communicate with the parent or carer. Occasionally this is not possible or practical, in which case we request permission to obtain local medical attention, usually at Sandringham Hospital Casualty or Heritage Medical Centre, Moorabbin.

Please complete the following details to enable the Principal of Berendale School to seek necessary and appropriate medical attention for any major illness or accident which may befall your child whilst at school.

SIGNED:

MEDICARE NUMBER:

AMBULANCE SUBSCRIPTION NUMBER:

HEALTHCARE / PENSION NUMBER:

REGULAR HOSPITAL PHONE NUMBER:

EMERGENCY MANAGEMENT PLAN: YES NO

Please detail below any further medical information which may be helpful:

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EXCURSIONS:

Permission to travel on school buses

I hereby give my permission for my childto travel on a Berendale School Bus on educational excursions as designated by the Principal.

Signed:

SWIMMING PROGRAM:

I hereby give my permission for my childto participate in the school's swimming program knowing there is always reasonable care and supervision taken. I also understand that for children with **epilepsy** a current Doctor's Certificate **must be provided annually**, and that the swimming program forms part of a very important rehabilitation program.

SIGNED:



HYGIENE & GROOMING

From time to time students of this school are taught personal care. We hereby request permission for your child to participate in this self-care program.

SIGNED:

SCHOOL SUPPORT SERVICE:

The Department of Education provides a free service to school communities through regional School Support Centres. Some of the services available which require parental permission include psychological and educational assessment 1 consultancy, counselling, speech therapy and remedial physical education.

Please indicate your willingness for your child to be seen by the above service in **2015**. Should you require further information, please contact the Principal of Berendale School.

I, of
(Parent / Guardian) (Address)

contactable onor hereby
(Home Phone) (Work Phone)

give my consent for my childto be assisted by staff from
School Support Centre.

EDUCATION MAINTENANCE ALLOWANCE:

The Education Maintenance Allowance Program will again operate in **2015** and will be paid in two equal instalments in Term 1 and Term 3. To be eligible for the Program a parent must hold a current Commonwealth Health Card (ie Pensioner Health Benefits Card, Health Care Card or Health Benefits Card) on the first day of **term 1, 2015**.

Please indicate if you are eligible for the Educational Maintenance Allowance Program: YES / NO

If eligible, we will forward an EMA Form to you for completion of the necessary details in the order that we can then process the Allowance for you.

ADDITIONAL INFORMATION:

If you have any additional information, ie. family background, which you feel would provide us with a better understanding of your child, would you please detail that information below.

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