



LOCAL EXCURSION PERMISSION FORM

I give my child/children _____

permission to participate in **Local Excursions within walking distance of the school**, dates and venues **advised throughout the year**.

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In the event of accident or illness, I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

SIGNED: _____

DATE: _____

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CONSENT FOR HEAD LICE INSPECTIONS

Throughout the year, the school will be arranging head lice inspections of students.

The management of head lice infestation works best when all children are involved in our screening program. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Before any inspections are conducted staff will explain to all students what is being done and why, and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The inspection of students will be conducted by local council appointed nurse or suitably trained and school council approved person(s)

The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's class teacher and the principal. The school will send a written notice home with the child and provide parents with comprehensive advice about the use of safe treatment practices which do not place children's health at risk.

Please note that the law requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

Parent's/Guardian's Full Name:

Name(s) of Child/children attending the school:

I hereby give my consent for the above-named child/children to participate in the school's head lice inspection program.

Signature of Parent/Guardian

Date: