Please tick ONE box only in each section

Please return to your child’s **CLASS TEACHER** as soon as possible

**STUDENT’S FULL NAME:** ________________________________ **CLASS:** ______

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**LOCAL WALKING APPROVAL**

☐ **I GIVE** approval for my child to participate in local excursions which involve walking to locations close to the school. I authorise the teacher in charge of these activities to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

☐ **I DO NOT** give approval for my child to participate in any of the activities which involve walking to locations close to the school.

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**PHOTO PERMISSION**

*Photographs to be used in media publications, educational presentations, advertising or displays. It is policy that photographers from media sources will record the FIRST names of the children but will NOT include surnames UNLESS otherwise authorised.*

☐ **I GIVE** permission for my child’s image and/or voice recording to be used, should the occasion arise and have his/her first name attached to the image. I understand any image/voice recording may be reproduced, published or broadcast by Mt Waverley Primary School and persons authorised for school purposes ONLY.

☐ **I DO NOT** give permission for my child’s image and/or voice recording to be used.

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**SUNSCREEN**

We encourage ALL students to use sunscreen protection to school:

☐ **I DO** wish my child to have access to the sunscreen lotion “Coles Personal Sunscreen SPF 30+” or “Ultra Protect 30+ SPF with Vitamin E” supplied.

☐ **I DO NOT** wish my child to have access to the sunscreen lotion.

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**Parent/Guardian Signature:** ________________________________ **Date:** / / 2014

*Please Note: If circumstances should change, a new form will need to be completed.*

*(available from the General Office or our website under ‘Notices’)*