



BENDIGO SPECIAL DEVELOPMENTAL SCHOOL STUDENT INDEMNITY FORM

Student Name: _____

I hereby give my consent, as indicated below, for the remainder of my child’s schooling. I will take responsibility for notifying the school of any changes.

Parent/Guardian signature: _____ Date: _____

1. Excursion Indemnity Form:

I hereby authorise the above named child to attend local one day excursions, up to 100 kms which involve public or private transport organised by the Bendigo Special Developmental School.

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

Signed:..... Date:.....

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:..... Date:.....

3. 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:.....

4. Permission to Use Trampoline:

I hereby give permission for my child to use the trampoline under the staff supervision as part of the school program or recreation.

Signed:..... Date:.....

5. Permission to go Swimming:

Most children will have the opportunity to have swimming lessons during the coming year, under teacher supervision. Parents of any child suffering from epilepsy etc should carefully note the extract below from the Directorate of School Education Regulation Policy. 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 normally is valid for twelve months. A new certificate is required after a period of twelve 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:..... Date:.....

6. Bike Education

I give permission for my child to participate in the bike education program at the Bendigo Special Developmental School and in the Bendigo community.

I understand that my child may be riding on roads and bike paths.

Signed:..... Date:.....

7. Integration Program

I understand that some school programs are run in conjunction with other schools and I hereby give my permission for my child to work with students and to be supervised by teachers at this school during these programs.

Signed:..... Date:.....

8. Transport by Staff Car

I hereby give permission of my child to travel by private car in circumstances where it is deemed necessary by the Principal.

Signed:..... Date:.....

9. Permission to participate in the Sensory Program

I hereby give permission for my child to participate in the Sensory Program including aromatherapy, massage and reflexology.

Signed:..... Date:.....

10. Permission for Sunscreen *(please tick appropriate box for your child)*

I hereby give permission for school staff to apply school supplied sunscreen.

Signed:..... Date:.....

My child is sensitive / allergic to generic sunscreen and we will supply our preferred sunscreen to be applied.

Signed:..... Date:.....

If you have any objection to any section of this permission form, please delete that section or contact the school.

Thankyou for your cooperation in completing these forms.