

FORM 2

CONSENT FORM FOR 2018 INSTRUMENTAL MUSIC CONCERT BAND WORKSHOP

PLEASE USE BLOCK LETTERS WHEN FILLING OUT THIS FORM

AS A PARENT/GUARDIAN OF (CHILD'S NAME):	
I, (PARENT/GUARDIAN NAME):	
GIVE CONSENT FOR HIM/HER TO PARTICIPATE IN:	INSTRUMENTAL MUSIC CONCERT BAND WORKSHOP – 2018
DATES:	TUESDAY, OCTOBER 30 AND WEDNESDAY, OCTOBER 31, 2018
LOCATION:	RIDLEY CENTRE, ADELAIDE SHOWGROUND (Wayville, Adelaide)
PARENT EMAIL CONTACT:	
MOBILE PHONE NUMBER:	
PRINCIPAL NAME:	PRINCIPAL SIGNATURE:

Does your child have a medical condition that requires a health care plan? Yes No
If yes, please supply a copy with the Medical Information Form.

Details of planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors are provided on the information sheets distributed.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Emergency Contacts - Parent/Guardian

NAME			
ADDRESS			
		POSTCODE	
HOME		ALT. TELEPHONE	
Student Medic Alert Number (If applicable):			

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

The DE CAMPS & EXCURSIONS GUIDELINES FOR SCHOOLS & PRESCHOOLS is available at:

<http://www.decd.sa.gov.au/docs/documents/1/CampsandExcursionsGuide.pdf>

Consent Form – Child/Student

Permission to use image, video, voice, and/or creative work of students and children

The Department for Education develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites and social media accounts). Students also publish their own materials on websites (eg school website, department website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for the Department for Education to create/use:

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name and school/preschool/service name

and to distribute them in the following locations:

- printed publications (eg newsletters, year book, promotional material)
- secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the service.

Any material placed on publically accessible websites under a CC-BY-NC licence will be available to download and use. This licence is perpetual (forever), free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.

Notes

- Items might not appear in exactly the form in which they have been submitted and not every item for which permission is granted will be used.
- Items which contain images/references to Aboriginal and Torres Strait Islander people may be accompanied by warning text to indicate that the work may include people who have passed away.
- Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

Signatures

Additional optional permissions (tick if yes)

- I also grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast.

Name of child/student: _____
(Full name - please print)

Name of school/service: _____

Parent/guardian's signatures: _____
(Parent/guardian to sign) (Parent/guardian to sign)

Full name of parent(s)/guardian(s): _____
(please print) (please print)

Date: _____

Please provide signatures of both parents and/or guardians where possible.

This form must be filed in a central location at the school



