This Permission Booklet contains all of the required permission slips and relevant information for your student to attend Grosmont State School. After reading the information and signing the relevant forms, could you please return this booklet to the school ASAP to ensure your child can participate in all the required activities our curriculum offers.

If you have any questions or concerns regarding this booklet please contact me.

Robyn Westman
Principal

Grosmont State School
2524 Grosmont Road, Wandoan, Qld 4419
Ph: 46274978
Fax: 46274971
ADMINISTRATION OF MEDICINE TO STUDENTS DURING SCHOOL HOURS

Dear Parents/Guardians

Should your son/daughter be prescribed by their medical practitioner to take medication while at school I wish to inform you of the Department of Education regulations with respect to this matter.

1. The parent or guardian must in the first instance make a written request to the principal of the school. (Copy of parent/guardian authority form below.)
2. The student’s medication, with the pharmacist’s written instruction on the container must be lodged with the school for security purposes.
3. Administration of that medication will be carried out by an adult staff member designated by the principal.
4. Non-prescribed medications should not be brought to the school and will not be administered by school staff.
5. Education Department Regulations (Sept. 1988) require that, before medication is administered:
   - A parent/guardian has completed an authority form.
   - The label on the medication clearly states:
     (a) the name of the child
     (b) The dosage and time for it
   - PLEASE ASK YOUR PHARMICIST FOR THIS INFORMATION WHEN THE MEDICATION IS ISSUED - analgesics, cough mixtures and the like WILL NOT be administered.

Miss Robyn Westman
Principal

PARENT/GUARDIAN AUTHORITY FORM FOR MEDICATION TO BE ADMINISTERED

This permission form is valid for one week only, unless there is permanent medication in which case special arrangements will need to be negotiated.

I hereby authorise medication to be administered to my child. Details are:

<table>
<thead>
<tr>
<th>STUDENT FULL NAME</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICATION</td>
<td></td>
</tr>
<tr>
<td>TIME/S FOR ADMINISTRATION</td>
<td></td>
</tr>
<tr>
<td>DOCTOR WHO PRESCRIBED</td>
<td></td>
</tr>
<tr>
<td>CONDITION</td>
<td></td>
</tr>
<tr>
<td>PROBABLE PERIOD OF TREATMENT</td>
<td></td>
</tr>
<tr>
<td>SIGNATURE OF PARENT / GUARDIAN</td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>PHONE NUMBER</td>
<td></td>
</tr>
</tbody>
</table>
GROSMONT STATE SCHOOL

ADMINISTRATION OF MEDICATION TO STUDENTS

Name: ........................................................................................................................................

Class: ...................................................

SCHOOL STAFF CAN ONLY ADMINISTER MEDICATION PRESCRIBED BY A MEDICAL PRACTITIONER
AND WHICH IS CONSIDERED NECESSARY TO BE ADMINISTERED AT SCHOOL. THE MEDICATION
MUST BE IN ITS ORIGINAL CONTAINER WITH THE PHARMACIST LABEL ATTACHED WITH THE
STUDENT’S NAME, DOSAGE AND TIME TO BE TAKEN.

SCHOOL STAFF MUST NOT ADMINISTER OVER-THE-COUNTER (E.G. PANADOL) AT ANY TIME,
OR PRESCRIBED MEDICATIONS UNLESS THEY MEET THE ABOVE GUIDELINES.

REQUEST TO BE COMPLETED BY PARENT/GUARDIAN

I request that the medication stated below be given to my child during school hours in accordance with the
following condition.
- Instructions for administration of the medication are written on the medication contained by the
  pharmacist at the medical practitioner’s direction.

Parent’s Name: ............................................ Signature ...........................................................

Phone: ............................................ Date ............................................................

Medication ............................................ Dosage ............................................ Time ....................................

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Dosage</th>
<th>Signature</th>
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</tbody>
</table>
## STUDENT / STAFF / PARENT / VISITOR MEDICAL RECORD

### 1. STUDENT NAME

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
</tr>
</thead>
</table>

### 2. MEDICAL CONDITIONS - please indicate below any known medical conditions relevant to the above named student. In those instances where there is a YES response, please describe the nature of the problem or provide a letter from your doctor.

<table>
<thead>
<tr>
<th>MEDICAL CONDITION</th>
<th>RESPONSE</th>
<th>ADDITIONAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEART PROBLEMS</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>BLOOD PRESSURE</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>ASTHMA</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>RESPIRATORY PROBLEMS (other than Asthma)</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>EPILEPSY</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>OPERATIONS</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>ALLERGIES</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>DRUG REACTIONS</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>RECENT ILLNESS</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>PHOBIAS</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>BED-WETTING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. MEDICAL DETAILS AND PRACTITIONER

<table>
<thead>
<tr>
<th>FAMILY MEDICARE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF MOST RECENT TETANUS NEEDLE</td>
</tr>
<tr>
<td>BLOOD GROUP</td>
</tr>
<tr>
<td>NAME OF FAMILY DOCTOR</td>
</tr>
<tr>
<td>DOCTORS ADDRESS</td>
</tr>
<tr>
<td>DOCTORS PHONE NUMBER</td>
</tr>
</tbody>
</table>
4. CURRENT PRESCRIBED MEDICATIONS

The medication(s) listed below has / have been prescribed for my son / daughter by a registered medical practitioner and will be required to be administered while my child is involved in the Excursion indicated in Section 1. I hereby request the teacher/s accompanying the Excursion who has been so authorised by the Principal to administer the medication(s) in accordance with the instructions written on the medication container(s) by the pharmacist in accordance with the medical practitioners instructions. I understand that all unused medication(s) will be returned to me.

Signature of Parent / Guardian

Printed Name

Date

Please rule an oblique line through any unused spaces below

<table>
<thead>
<tr>
<th>NAME OF MEDICATION</th>
<th>QUANTITY OF MEDICATION</th>
<th>TIME FOR ADMINISTRATION</th>
</tr>
</thead>
</table>

5. DISCLAIMER

I hereby authorise the medical practitioner identified in Section 3 to provide to hospital authorities or other qualified medical practitioner(s) additional information concerning any of the medical conditions identified in Section 2 should a need arise.

Signature of Parent / Guardian

Printed Name

Date

5. AUTHORITY

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur. I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by my personal/family ambulance subscription, medical benefits fund (or travel insurance in the case of overseas travel). I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise. I understand that should such circumstances arise, the supervising teachers will endeavour to contact me by telephone in the first instance.

Signature of Parent / Guardian

Printed Name

Date

Phone Numbers

<table>
<thead>
<tr>
<th>Home</th>
<th>Work</th>
</tr>
</thead>
</table>

6. EMERGENCY CONTACT DETAILS

Parent / Guardian’s Names

Phone Numbers

<table>
<thead>
<tr>
<th>Home</th>
<th>Work</th>
</tr>
</thead>
</table>

Name of 2nd Contact

Phone Numbers

| Home | Work |
PUBLIC RELATIONS

Dear Parents

In the course of each school year the school photographs and videos school events, student's performances and achievements for the school history collection these are often for the use in public relations exercise. Public relations activities include:

- Publishing the newsletter for distribution to school community.
- Distributing school prospectus and brochures to be given to prospective enrolments.
- School displays at local public venues.
- Facilitating parent information sessions.
- Displaying student work and photographs in school foyer and classrooms.
- Publishing a school web site.
- Publishing the School Annual Report.
- Featuring school events in the local newspaper.

Samples of student work and children’s images in the form of photographs or video clips are used in the above activities to illustrate and promote the school's successes and achievements.

I am therefore writing to raise parent awareness of these activities and to seek parent permission to use images of their child and their child’s work samples for public relations purposes should the occasion arise.

It is requested that parents complete the permission form below and return it to school. These forms will remain current for the period of your child’s enrolment at Grosmont State School unless parents / guardians notify the school otherwise.

Yours sincerely

Robyn Westman
Principal

PUBLIC RELATIONS CONSENT FORM

<table>
<thead>
<tr>
<th>Students Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

- I give / do not give my permission for images of my child and my child’s work samples to be used in public relation promotions for Grosmont State School.
- I understand that my child’s work samples or photograph / image may be used in school publications, displayed at public venues or published on the Internet.
- I understand that my consent will remain current unless I advise the school otherwise.

<table>
<thead>
<tr>
<th>Signature of Parent / Guardian</th>
</tr>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Date</th>
</tr>
</thead>
</table>
INTERNET ACCESS AGREEMENT

To Student/Parent/Guardian,

In accordance with Education Queensland Policy & Procedures ICT-PR-004: Using the departments Corporate ICT network, students are required to complete an Internet Access Agreement as shown below if they wish to use the Internet during 2014 at Grosmont State School.

**STUDENT**

I understand that the Internet can connect me to much useful information store on computers around the world. While I have access to the Internet:

I will use it only for educational purposes.

I will not look for, nor send, anything that is illegal, dangerous or offensive.

If I accidentally come across something that is illegal, dangerous or offensive, I will:

(a) clear any offensive pictures or information from my screen and
(b) immediately and quietly inform my teacher.

I will not reveal home addresses, surname, DOB, phone numbers or E-Mail Addresses - mine or anyone else’s.

I will not use the Internet to annoy or offend anyone else.

I will not arrange to meet with anyone who I have made contact with through the Internet without my parent or guardian’s permission.

I understand that if the school decides I have broken these rules, appropriate action will be taken. This may include loss of my School Internet & Computer Access privileges.

**PARENT OR GUARDIAN**

I understand that the Internet can provide students with valuable learning experiences. I also understand that it gives access to information on computers around the world, that the school cannot control what is on those computers, and that this information could be illegal, dangerous or offensive.

I accept that, while teachers will always exercise their duty of care, and information is filtered through Education Queensland managed Internet Services, protection against exposure or harmful information should depend finally upon responsible use by students.

I believe _________________________ (name of student) understands this responsibility, and I hereby give my permission for him/her to access the Internet under the school rules. I understand that students breaking these rules will be subject to appropriate action by the school. This may include loss of School Internet and Computer Access privileges.

____________________________
Parent/Guardian Name

____________________________
Parent/Guardian Signature

____________________________
Date

____________________________
Student Name

____________________________
Student Signature

____________________________
Date

**Insurance Cover for Students 2014**

Physical activity and physical education, particularly contact sports, carry inherent risks of injury. Parents are advised that the Department of Education Training and the Arts does not have Personal Accident Insurance cover for students.

Education Queensland has public liability cover for all approved school activities and provides compensation for students injured at school only when the Department is negligent. If this is not the case, then all costs associated with the injury are the responsibility of the parent or caregiver.

It is a personal decision for parents as to the type and level of **private insurance** they arrange to cover students for any accidental injury that may occur.

“I acknowledge that the Department of Education, Training and the Arts **does not** have Personal Accident Insurance cover for students”.

(Parent/Caregiver)________________________________________

(Date)________________________________________
# YEARLY PERMISSION NOTICES

## ARTS COUNCIL

<table>
<thead>
<tr>
<th>I hereby give / do not give permission for my child to travel to and from Wandoan by bus to attend the Arts Council Performances throughout the year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Parent / Guardian</td>
</tr>
</tbody>
</table>

## SWIMMING

<table>
<thead>
<tr>
<th>I hereby give / do not give permission for my child to travel to and from Wandoan by bus to attend Swimming throughout the year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am also aware of the Governments Sun Safety Strategy (Nov. 07) for use of swim shirts for any water-based activities and will send a swim shirt on these occasions.</td>
</tr>
<tr>
<td>Signature of Parent / Guardian</td>
</tr>
</tbody>
</table>
Consent Form

to use copyright material, image, recording, name or personal information

1 CONSENT GIVEN
On behalf of the individual identified in Section 6 of this Consent Form (the Individual), the person or persons signing this Consent Form (the Signatory) grant consent to the Department of Education and Training (the Department) and to any other Department or Agency of the State of Queensland (the State) to use, record and disclose the Individual’s:

- name, image and other identifying information (personal information); and
- copyright material, including their written, artistic or musical works or video or sound recordings (individual work).

*Note: If the Individual is under 18 years of age, the Signatory must be a parent or guardian of the Individual. The Individual must also sign if he or she is under 18 and able to give and understand the consent. If the Individual is 18 or older, the Signatory and the Individual will be the same person.

2 PURPOSE
This consent applies to any use, recording or disclosure of the Individual’s personal information or individual work, in connection with the Department or the State, for the following purposes:

- any activities engaged in during the ordinary course of the provision of education and training (including assessment) or other purposes associated with the operation and management of the Department or the Individual’s school or TAFE Institute;
- public relations, promotion, advertising, media and commercial activities;
- use by the media in relation to the Individual’s participation in school or TAFE activities or community events, including, for example, dramatic or musical performances, sporting activities and award ceremonies; and
- any other activities identified in further schedules attached to this Consent Form.

3 DURATION
This consent will continue:

- for an Individual under 18 years of age, until the Individual turns 18; or
- until the Individual revokes consent by writing to the Principal of the school or the Institute Director of the TAFE Institute, or, in the case of employees, by writing to the District Office;

and where more than one of these events may apply, until the first event occurs.

Despite the above, if, at the time such an event occurs, the Department or the State is using the Individual’s personal information or individual work, or the State has entered into contractual obligations in relation to that material, the consent will continue in relation to that material until the use by Department or the State is complete or until the contractual obligations come to an end.

4 UNDERSTANDINGS

- ‘Use’ includes:
  - to create, make copies of, reproduce or retain in any form, including by camera, video, digital recorder, webcam, closed circuit television, mobile phone or any other device; and
  - to distribute, publish or communicate in any form, including in newsletters and other print media, television and the internet,

  in whole or in part, and to permit other persons to do so.

- The Department or the State will not pay the Signatory or the Individual for giving this consent or for the use of the Individual’s personal information or individual work.

- This Consent Form revokes and replaces all previous consent forms in relation to the Individual.
Consent Form

to use copyright material, image, recording, name or personal information

- Nothing in this Consent Form limits the rights that the Department or the State reserve in relation to the use of the Individual's personal information, Individual work or other intellectual property under any other law.
- The 'Department' and the 'State' include the officers and employees of the Department and the State engaged in performing services for the Department and the State.
- This consent extends to the Department and the State:
  - disclosing the Individual's personal information and Individual work to the Department's and the State's agents, contractors and volunteers for the purpose of performing services for the Department and the State; and
  - permitting those persons to use, record and disclose such material to the same extent as the Department and the State are entitled to deal with the Individual's personal information and Individual work.

5 LIMITATIONS ON CONSENT

The Individual or Signatory wishes to limit the consent in the following way:

6 DETAILS

Name of Individual

[Signature]

Address of Individual

Name of organisation, school or TAFE (at which the Individual is enrolled, employed or volunteers)

[Signature]

Date

[Signature]
Consent Form

to use copyright material, image, recording, name or personal information

Signature of the parent or guardian (required if the Individual is under 18 years)  

Date

\[ / \] / [ \\

Name of signing parent or guardian  

Address of signing parent or guardian

7 NOTE

The Department will use its best endeavours to ensure the person signing this Consent Form is authorised to do so, but takes no responsibility for circumstances in which it is misled as to the identity or authority or ability of a person to provide consent.

If you require a copy of this signed Consent Form, or if you wish to revoke this consent, please contact the Principal of the school or the Institute Director at which the Individual is enrolled or works or send a request in writing to the District Office.

8 INFORMATION

What is this consent for?

This Consent Form authorises the Department and the State to use the Individual’s personal information and copyright material, together with information about the Individual’s participation in Departmental and State initiatives, for any use by the Department and the State associated with the purposes identified in Section 2 of this Consent Form. The consent covers the entire or partial use of the Individual’s personal information and copyright material in conjunction with other words and images.

For example, the Individual’s personal information and copyright material may appear in school or TAFE newsletters, magazines, websites and other school, TAFE, departmental or State publications, as well as in television advertising, videos, brochures, forms, public relations displays, annual reports, press advertising, internal documents such as manuals, websites, certificates and strategic plans, and posters and other promotional material. There may also be occasions on which the Department may approve the media, such as local newspapers and television stations, using information and copyright material in relation to the Individual (for example, where the Individual is involved in dramatic or musical performances, sporting activities or award ceremonies).

The Department has specific policies and guidelines in relation to publication of student images on the Internet (see, for example, Web Publishing for Schools and Publishing Student and Staff Information on School Web Sites). These policies and guidelines may be viewed at www.education.qld.gov.au.

What is copyright material?

An Individual’s copyright material may include written work (e.g. stories and poems), paintings, pictures, drawings, designs, photographs, videos, films, music, performance, recordings, computer programs, websites, sculptures, fashion, metal- or wood-works made by them or to which they contributed. In the case of students, it includes, but is not limited to, work that they create in the course of their studies during the time they are enrolled at a State school. These materials may form part of their academic assessment or be part of their studies generally and may attract copyright.

The Department understands that students and volunteers generally own the intellectual property rights in the material they create and that this Consent Form is not meant to transfer the Individual’s ownership of the intellectual property in their copyright material.
Consent Form

to use copyright material, image, recording, name or personal information

This Consent Form does not provide for copyright consent in relation to copyright works an Individual creates in the course of employment (whether or not the material is created in normal work hours or using departmental facilities or equipment). Where copyright material is created by a State employee while performing their duties under the terms of their employment, the copyright is owned by the State as the employer (section 35 Copyright Act 1968). There are limited exceptions to this including, for example, where the copyright material is created by an employee pursuant to a prior agreement with the employer.

Generally, the deciding factor is whether the employee is performing their official duties. In addition, section 176 of the Copyright Act 1968 applies where the work was created by or under the direction or control of the State. However, moral rights may still apply to copyright material created by an employee. The Queensland Public Sector Intellectual Property Guidelines provide further information on intellectual property. If you are an employee you have any further queries about the ownership of the intellectual property in respect of the works you create you should contact the Legal and Administrative Law Branch.

What is personal information?

Personal information includes information or opinions, whether true or not, about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion. This includes the Individual's name, recording or image. It also includes the Individual's educational information such as the individual's assessment and results, and health information and court orders provided to the Department, where such information may enable the Individual to be identified.

Why is a Schedule used?

A Schedule may be attached to this Consent Form describing a specific use of the Individual's copyright material or personal information, either because the use falls outside the purposes listed in Section 2 or to confirm the consent in this form.

What happens to the Consent Form once it is completed and signed?

The Consent Form is retained by the Department and will be placed on the Individual's file and the project file. The Individual or Signatory may request a copy of the signed form by contacting the Principal of the school or the Institute Director of the TAFE Institute, or in the case of employees, by sending a request in writing through the District Office.

What if I give my consent and later change my mind?

This consent will be in effect for the period described in Section 3 of the Consent Form. The consent can be modified or withdrawn at any time by writing to the Principal of the school or the Institute Director of the TAFE Institute, or, in the case of employees, by writing to the District Office. However, any changes will apply only from the date the Department receives any consent withdrawal. Any existing material will not be withdrawn from use if the Department or the State is currently using the material or where the Department or the State has entered into contractual obligations in relation to this material. In such cases the withdrawal will be effective after the Department or the State's use is complete or after the contractual obligations come to an end.

Privacy

Your consent to the recording, use and disclosure of the Individual's personal information and Individual work is required in accordance with the Copyright Act 1968 (Cth), the Education (General Provisions) Act 2006 and the Information Privacy Act 2009. Personal information will be stored securely. The Department will only disclose the Individual's personal information in accordance with your consent, except where authorised or required by law. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, or if you have a concern or complaint about the way the Individual's personal information has been collected, used, stored or disclosed, please contact the relevant organisation, school or TAFE Institute.