

## INFORMATION UPDATE AND GENERAL CONSENT

**PLEASE NOTE: A SEPARATE NOTE SHOULD BE  
COMPLETED FOR EACH CHILD**

Dear Parents / Carers

1. Please find attached our **STUDENT EMERGENCY CONTACT DETAIL REPORT/S** (white) for your child/ren. This report contains the current information regarding family, student, emergency contacts and medical/doctor details that the school holds for your child. Could you check that all information is correct and return it to the school as soon as possible if there **are** changes so that we can be sure our information is accurate.  
**NB We will assume current information is correct if not returned.**
2. Below are a number of consent areas concerning your child's attendance at our school. **Please return this form with signatures and ticked choices to school as soon as possible.**

Student name: \_\_\_\_\_ Class: \_\_\_\_\_

### NEWSLETTER

In 2018 our school newsletter will be posted to Skoolbag App each week and published on our website at <http://pottsville-p.schools.nsw.edu.au> Additional information is available on the schools facebook page. Printed copies are available from the front office.

### CHILD PROTECTION

As part of the Personal Development, Health & Physical Education curriculum, students will participate in Child Protection lessons. The Child Protection lessons have been developed by the Department of Education and they are an important priority for schools. These lessons will cover aspects of protection and will teach students strategies and procedures for protecting against forms of abuse. During some of the lessons correct anatomical names will be used for private parts of the body.

I GIVE MY CONSENT                       I DO NOT GIVE MY CONSENT

### SUPERVISED WALKS/SCHOOL CROSS COUNTRY

I give permission for my child/ren to participate in supervised excursions ie walks/Cross Country in close proximity to the school. This may include but is not limited to Pottsville Oval, Bowls Club, Hastings Point, Seabreeze Oval, beach, shopping centre as part of curriculum activities. Parents will be advised in writing when these events are taking place.

I GIVE MY CONSENT                       I DO NOT GIVE MY CONSENT

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**PG MOVIES**

I give permission for my child to view PG movies for Years K-6, under the supervision of the class teacher. Parents will be advised when movies are to be shown.

**I GIVE MY CONSENT**                       **I DO NOT GIVE MY CONSENT**

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These signed permissions remain effective until I advise the school in writing otherwise.

Child's name ..... Class: .....

Parent/carer/caregiver's name .....

Parent/carer/caregiver signature ..... Date: .....