



Permissions

In the event of an accident or sudden illness, I/we authorise the staff of Bulls School to obtain such medical assistance as may be necessary when I/we cannot be contacted. I/we agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention.

First Aid Consent

Yes No

I/we give permission for staff at Bulls School to administer pain relief or other medication as listed on this child's records, if required.

Pain Relief Consent

Yes No

I/we give permission for this child to undergo vision and hearing testing.

Vision and Hearing Consent

Yes No

I/we give permission for this child to be seen by a School Health Professional or Dental Nurse.

Health Professional/Dental Nurse Consent

Yes No

I/We give consent for this child to be given access at school to computers, the Internet and other communication technologies?

Internet Usage Consent

Yes No

I/We give consent for this child to participate in local walking trips/visits without my prior knowledge?

EOTC Trip Consent

Yes No

I/we give permission for this child's photo to be taken whilst participating in school activities. Photos may be used for promotional purposes in the schools newsletters, website and school social media apps.

Photo Usage Consent

Yes No

Permissions Comment

Signed:.....