



Rosebank Public School

340 Rosebank Road

ROSEBANK NSW 2480

Telephone: 61 2 6688 2126

www.rosebank-p.schools.nsw.edu.au

ANNUAL UPDATES

School Transport

Please record the form of transport via which your child will usually travel home from school on each school day:

Student's Name	Monday	Tuesday	Wednesday	Thursday	Friday
Jill Sample	Ken's Bus	Ken's Bus	Ken's Bus	Ken's Bus	Picked up: Nana

If there is a change of transport on any day, please let the school know by telephone or in writing before 2.30pm. If no advice has been received from parents, children will travel home via the form of transport shown in our records.

Permission for Students to Leave Site

From time to time, our students leave the school site to walk to other local sites (eg: the Preschool and the Creek). This consent relates only to occasional outings, not our regular Bush School, for which you will receive a separate form.

I consent to my child leaving the school site to walk (accompanied by a teacher) locally in the Rosebank area.

Parent/Carer Name: _____ (Please print)

Parent/Carer's Signature: _____ Date: _____

Permission to Publish/School Communication

Please tick the box to indicate your consent for Rosebank Public School to publish the image of your child/children's image and full name, or a digital recording containing their image and full name, on our website, newsletter, school promotional material or other publication available either in print or on the internet.

Student's Name	Tick for YES	Tick for NO

Please email me a copy of the school newsletter

Please email me a copy and send home a hard copy as well

I would prefer a hard copy of the newsletter only.

Parent/Carer Name: _____ (Please print)

Parent/Carer's Signature: _____ Date: _____

Medication/First Aid

Should your child need to take any prescription medication while at school, it is DET policy that all medication is to be handed in to the office at the beginning of each day, along with a note from the child's parent/carer (signed and dated) indicating when and how much medication is to be administered.

Prescription medication provided to the school should be clearly labelled (pharmacy label) with the name of the student's medical practitioner as well as the child's name printed on it.

The School also occasionally administers non-prescription items when giving First Aid.

Please tick the box if you are happy for us to administer the following non-prescribed items when giving First Aid:

- Stingose (for ant, mosquito and other bites/stings)
- Band-aids
- Sunscreen.

Allergies

- No. To my knowledge, my child is not allergic to anything.
- Yes, my child is allergic to _____.

Should he/she experience an allergic reaction at school, the first symptoms are likely to be:

In such a situation, the school should: _____

Staff will work cooperatively with parents to develop a Management Plan to support any students with serious allergies.

Emergencies/Playground Equipment

- I understand that, should my child suffer an accident or serious illness while at school and the school is unable contact me, I give permission for the principal (or representative) to contact the ambulance or seek medical assistance. Should the school call an ambulance to transport my child to a medical facility, the costs of initial transport are covered by the NSW Government.
- I give permission for my child to play on fixed playground equipment within the school grounds.

Parent/Carer Name: _____ (Please print)

Parent/Carer's Signature: _____ Date: _____

MOVIE TIME

From time to time, children have the opportunity to watch a movie together, either as a special treat or as part of their educational program. Most of these movies are G rated, but teachers often find movies of value that are rated PG. Please consider whether or not you are happy for teachers to exercise their judgment on movie choice so that children can watch selected PG movies.

I consent for my child watching PG movies as selected by their class teacher or the school principal.

Signed: _____

Date: _____

FAMILY CONTACT INFORMATION

To ensure that our records are current and correct, please record your contact information below. Please provide contact details for all parents/carers. That is, where you have shared cared arrangements, please provide contact details for all residences and all relevant phone contacts.

Student/s' Name/s	
Current residential address	
Current postal address	
Current telephone	Home: Work: Mobile:
Email address:	

Parents email addresses may be used by teachers or administration staff to communicate important school information. For example, advice of school closure in the case of flooding, to distribute school surveys and provide class updates. The school will limit its use of email communication but would greatly appreciate the ability to communicate with all families via email.

EMERGENCY CONTACTS

If we are unable to contact you, who may we call in case of emergency:

EMERGENCY CONTACT 1	
Contact's Name	
Telephone	Home: Work: Mobile:
Relationship to child/children	
EMERGENCY CONTACT 2	
Contact's Name	
Telephone	Home: Work: Mobile:
Relationship to child/children	

I understand and agree that if I cannot be contacted in the event of flooding or an emergency one of my emergency contacts will be contacted and my child/children will go with them.

Signed: _____

Date: _____