



CONSENT FORM

FORM B

Welcomed - Valued – Confident

This form asks you to tell us if you consent to matters concerning medical matters, selling raffle tickets and publishing photos, images, videos, and your child's work in certain circumstances.

Consents remain in place for the period of enrolment. Parents/carers must contact the school if you want to change your consent at any time while your child is attending the school.

If you require any help with this form, please call the school administration office or contact Community Liaison on 9840 5796 or via email cl@parra.catholic.edu.au.

1. MEDICAL CONSENT FORM

Student Name:	Year Level:
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I/We.....and.....
Name of Parent/Carer 1 Name of Parent/Carer 2

Give my/our consent to.....receiving necessary medical and/or dental treatment and for anaesthetic to be administered and for any surgical procedure to be performed should such treatment become critical.

I/We undertake to pay medical fees and/or cost of medication which may be incurred whilst medical assistance is given to my/our child.

I/We understand that this consent will only be used when I/we cannot be reached.

Parent/Carer 1	Parent/Carer 2
Signature:	Signature:
Name:	Name:
Relationship to Student:	Relationship to Student:
Date:	Date:

2. CONSENT TO SELL RAFFLE TICKETS

- ☐ I/We **GIVE** permission for the school to send home books of raffle tickets to be sold for various school fundraising activities. I am aware that a child under 15 years of age cannot sell lottery/raffle tickets unless accompanied by and under the supervision of an adult. I am also aware that tickets cannot be sold door to door on any day before 9:00am or after 8:00pm or sunset (whichever last occurs).

OR

- ☐ I/We **DO NOT** give permission.

Parent/Carer 1	Parent/Carer 2
Signature:	Signature:

3. CONSENT FORM – PHOTOGRAPH, VIDEO, AUDIO AND WORKS

During the year, your child may create materials (Works) or may be photographed or filmed for our school publications, website and/or social media, or other print or electronic media (including third party websites).

Catholic Schools Parramatta Diocese (CSPD) may also wish to use the student's name, image, voice or material created by the student (Works) in print and online promotional, marketing, media, social media and educational materials. CSPD seeks your consent to use your child's name, image, voice and his/her Works for the above purposes.

Consent is not needed to take official school photographs that will be used for student identification cards and the like. Please read and sign:

- 1 I give permission for my child's name, photographs, voice (audio), image (video) and Works to be published in hard copy and digital form on school and Diocesan websites, school and Diocesan social media channels, promotional materials, newspapers and other media for the purpose of promotion and communication of CSPD activities or programs, training materials and resources.
- 2 I acknowledge that the use of my child's Works is an authorised use of the Works under the *Copyright Act, 1968* (Cth).
- 3 I understand and agree that any photograph/video or other images of my child may be publicly displayed or disclosed to third parties (e.g. in or on a school, CSPD, CELC or COSHC CSNSW or other third party website or publication).
- 4 I consent to printed or digital copies of my child's images and their Works to be used by other schools or educational institutions that are parties to the Creative Commons (CC BY) licence (which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purpose(s)).
- 5 I consent to the use of my child's Works by the school, CSPD, CELC, COSHC or CSNSW and other parties to the CC BY licence, that is without any remuneration.
- 6 I understand that reasonable efforts will be made to protect the identity of my child unless the use of the student's name is necessary e.g. photo captions, school news and reproduction of Works, etc.
- 7 In signing this form, I acknowledge that I am not aware of any Court Orders or other reasons why my child's image or name should not be published.

Parents/carers and students aged 15 and over, please sign and date in the table below:

Parent/Carer 1	Parent/Carer 2	Students (aged 15+)
<input type="checkbox"/> I DO give consent	<input type="checkbox"/> I DO give consent	<input type="checkbox"/> I DO give consent
<input type="checkbox"/> I DO NOT give consent	<input type="checkbox"/> I DO NOT give consent	<input type="checkbox"/> I DO NOT give consent
Signature:	Signature:	Signature:
Date:	Date:	Date: