



FORM B

## CONSENT FORM

*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 my 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 telephone the school administration office for assistance or contact Community Liaison on 9840 5600 or via email [communityliaison@parra.catholic.edu.au](mailto:communityliaison@parra.catholic.edu.au).

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Bethany Centre 470 Church Street Parramatta NSW 2150  
Locked Bag 4 North Parramatta NSW 1750  
9840 5600 [www.parra.catholic.edu.au](http://www.parra.catholic.edu.au)

## 1. MEDICAL CONSENT FORM

I/We ..... and .....  
Parent/carer name Parent/carer name

Of.....  
Address

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 to my/our child.

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

Parent 1 / Carer	Parent 2 / Carer
Signature	Signature
Name	Name
Relationship to student	Relationship to student

## 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 9am or after 8pm or sunset (whichever last occurs)

OR

I/We **DO NOT** give permission

Parent 1 / Carer	Parent 2 / Carer
Signature	Signature
Name	Name
Relationship to student	Relationship to student

### 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 Education Diocese of Parramatta (CEDP) 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 and educational materials. CEDP 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, library loan card and the like.*

Student Name		Year level	
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**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 CEDP 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, CEDP, 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, CEDP, 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 eg. 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.

Parent 1 / Carer		Parent 2 / Carer	
I <b>DO</b> give consent <input type="checkbox"/>		I <b>DO</b> give consent <input type="checkbox"/>	
I <b>DO NOT</b> give consent <input type="checkbox"/>		I <b>DO NOT</b> give consent <input type="checkbox"/>	
Signature		Signature	
Name		Name	
Date		Date	
All students (aged 15+ must complete this section)			
Signature			
Name			
Date			