February, 2015

Dear Parents / Guardians,

At the commencement of School we require the attached forms signed, the Head Lice Permission form is giving the school permission to check your child’s hair for head lice or eggs.

The photo form is giving the school permission to put your child’s photo in Newsletters, on the school Website etc. and also on pamphlets for school advertising or in Local or state Newspapers.

The attached forms last for the duration of your child’s schooling at Seaford North, if your situation changes and you wish to alter any of the permission forms, notify the Office of the change you wish to make.

We would appreciate your co-operation sending the signed forms back to the school office as soon as possible.

Thanking you in anticipation.
Lee Murnane
Principal
SEAFORD NORTH PRIMARY SCHOOL

PARENT/GUARDIAN STUDENT PERMISSION

STUDENT NAME: ……………………………… Grade: ………

ONGOING PERMISSION
Please indicate YES or NO by circling one only. A circle of the YES box will grant ongoing permission by Parent/guardian while student attends Seaford North Primary School and will not be withdrawn unless the school is notified in writing.

I consent to:

<table>
<thead>
<tr>
<th>Publication of my child’s work, photos of my child and my child’s first name in:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local / State Newspaper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Advertising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newsletter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Display of multimedia productions involving my child, my child’s work and first name on the Seaford North Primary School’s:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foyer T.V.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intranet site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet site at <a href="http://www.seaford-northps.vic.edu.au">www.seaford-northps.vic.edu.au</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone App.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the information contained within this form is correct.

PARENT/GUARDIAN NAME: ………………………………………………

PARENT/GUARDIAN SIGNATURE: ………………………………………

DATE: ………………………
CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student’s school at:

SEAFORD NORTH PRIMARY SCHOOL

Throughout your child’s schooling, the school will be arranging head lice inspections of students.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else’s. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student’s hair to see if any lice or eggs are present.

Person’s authorised by the school principal may also visually check your child’s hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child’s head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student’s teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an ‘action taken form’, which requires parents/guardians/carers to nominate if and when the treatment has started.

Parent’s/guardian’s/carer’s full name: ………………………………………………………

Parent’s/guardian’s/carer’s full name: ………………………………………………………

Address:…………………………………………………… Post code:………………

Name of child attending the school:………………………………………………

I hereby give my consent for the above named child to participate in the school’s head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: …………………………….. Date………………

Signature of parent/guardian/carer: …………………………….. Date………………

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

Additional Information

Allergic to latex gloves Y / N

Skin Condition Y / N

Call at Work Y / N