Please complete and return this form to the office as soon as possible.
Thankyou

<table>
<thead>
<tr>
<th>NAME:</th>
<th>GRADE:</th>
<th>YEAR:</th>
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**ACCIDENT DECLARATION**

In the event of illness or injury to my child whilst at school, on excursion, or travelling to or from school: I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:
- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: .............................................  Dated ....../.....

**WALKING EXCURSION PERMISSION AUTHORITY**

I give permission for my child to attend excursions organised by Seaford Park Primary School. I understand that this authorisation covers only excursion that are within walking distance of the school grounds, do not involve any type of transport and do not involve adventure type activities such as swimming.

All walking excursion will take place only after approval is granted by the Principal of the school and parents will be notified prior to the activity taking place.

I authorise the teacher-in-charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent/Guardian: .............................................  Dated ....../.....

**SCHOOL MEDIA PERMISSION**

I hereby give permission for my child to participate in any appropriate school media activities for the duration of their schooling at Seaford Park Primary School. This permission includes the right to be photographed in a school activity by the school, or other authorised media outlets. I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school on 9786 5197.

Signature of Parent/Guardian: .............................................  Dated ....../.....

**SIGNATORIES**

Thank you for taking the time to update our Consent Form. The details are confidential, but are required to enable staff to properly care for your child at our school.

Signature of Parent/Guardian: ............................................. Dated ....../.....