



TURAKI SCHOOL

Tumoana Street

Taumarunui 3920

E-mail: principal@turakiprimary.school.nz

GENERAL PERMISSION SLIP - One per child

If the opportunity arises, I / we, (as parents / caregivers) give permission and support for my child;

..... (please insert name of your child)

<ul style="list-style-type: none"> To be referred to the Health Services for any or all of the following: <ul style="list-style-type: none"> Speech Language Therapy involvement Social Workers in Schools (SWiS) involvement Public Health Nurse / Public Health Team Hearing and vision assessments Resource teacher: Learning and Behaviour (RTLB) Resource teacher: Literacy (RT:Lit) <p>Parents / caregivers will be notified if their child is referred for Health Services.</p>	<p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p>
<ul style="list-style-type: none"> To be involved in class trips within the general Taumarunui area and during school hours (Separate permission slips will be required for all trips either outside the Taumarunui area or outside school hours) 	<p>YES / NO</p>
<ul style="list-style-type: none"> To attend Pubertal Change Instruction (Year 7 & 8) <i>(The teachers work with Public Health nurses to deliver these lessons)</i> To attend Keeping Ourselves Safe and other New Zealand Police programmes. 	<p>YES / NO</p> <p>YES / NO</p>
<ul style="list-style-type: none"> I / We understand that I / we may be responsible for any medical costs in relation to my child(ren), should the need arise, while on school excursions. 	<p>YES / NO</p>
<ul style="list-style-type: none"> I / We fully support the Classroom / School AROHA Plan. 	<p>YES / NO</p>
<ul style="list-style-type: none"> I / We give permission for our child(ren), if selected, to represent the school in sporting and/or academic events in which the school is competing. <i>These events may be held outside the Taumarunui area and outside school hours - e.g. inter-school cross-country, Netball tournaments, school quiz, choir, productions etc.</i> 	<p>YES / NO</p>
<ul style="list-style-type: none"> I / We understand that if it is noticed that our child has Head Lice we will be informed and will collect our child from school. We agree to keep them at home until they have been treated. 	<p>YES / NO</p>
<ul style="list-style-type: none"> I / We agree to the publication of my / our child's photograph in the; <ul style="list-style-type: none"> school newsletter local paper (with regard to the school) classroom blogs Turaki School Facebook page I / We also agree to the videotaping of my / our child for evidence of student learning or staff appraisal. 	<p>YES / NO</p> <p>YES / NO</p>
<ul style="list-style-type: none"> I would like to be a Guardian of the School (parent helper). I am prepared to be police vetted. 	<p>YES / NO</p>

HEALTH INFORMATION	
Please note any health problem(s) and the appropriate medication, which may affect your child.	
Condition	Medication
Contact Details Name(s) Home Phone Work Phone Cell Phone Email Emergency Contact (not the same as above) Name Number	

ACKNOWLEDGEMENT OF PERMISSION SLIP

Unless otherwise notified, this Permission Slip will remain current until the beginning of the 2020 school year.

**To ensure your child's involvement, please sign below and return to school.
(A copy will be returned to you).**

Parent / Caregiver Date